

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000122199

1. Entity Name
IRONBARK, INC.



Principal Place of Business
2806 COUNTRYSIDE BLVD #522
CLEARWATER, FL 33761

Mailing Address
2806 COUNTRYSIDE BLVD #522
CLEARWATER, FL 33761

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0645428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, JAMES W
1008 DREW STREET
CLEARWATER, FL 33755

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
D/P
MCCOY, LEONARD V
STREET ADDRESS
2806 COUNTRYSIDE BLVD #522
CITY-ST-ZIP
CLEARWATER, FL 33761

TITLE
NAME
D/S
MCCOY, FAITH W
STREET ADDRESS
2806 COUNTRYSIDE BLVD #522
CITY-ST-ZIP
CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000954488
07/14/08-80003-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEONARD MCCOY

11 JULY 08

776695151