

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P04000123835

1. Entity Name

BARKLEY PREP PRODUCTIONS, INC.



Principal Place of Business

**398 LAUREL LANE
PALM HARBOR, FL 34683**

Mailing Address

**398 LAUREL LANE
PALM HARBOR, FL 34683**

DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number

16-1702887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THEIS, TRACI
398 LAUREL LANE
PALM HARBOR, FL 34683**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THEIS, TRACI
STREET ADDRESS	398 LAUREL LANE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	V
NAME	CONWAY, KELLYANN
STREET ADDRESS	6136 ARTHUR AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	O
NAME	THEIS, ERIC
STREET ADDRESS	398 LAUREL LANE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000856081
03/27/08-80078-001 150.00

**DO NOT WRITE
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 all other like empowered.

SIGNATURE:

Traci Theis Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08
Date

727-643-3647
Daytime Phone #