

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # P36623

1. Entity Name
BARCALOUNGER CORPORATION



Principal Place of Business
**1450 ATLANTIC AVENUE
ROCKY MOUNT, NC 27802**

Mailing Address
**P.O. BOX 6157
ROCKY MOUNT, NC 27802**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1065221

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 8, 2004**

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	D
NAME	MUQADDAM, M SALEEM
STREET ADDRESS	1201 N. ORANGE ST. STE. 790
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	P
NAME	STEVENS, WAYNE
STREET ADDRESS	1450 ATLANTIC AVENUE
CITY-ST-ZIP	ROCKY MOUNT, NC 27802
TITLE	VS
NAME	CHAMBERLAIN, PHILLIP L
STREET ADDRESS	1450 ATLANTIC AVENUE
CITY-ST-ZIP	ROCKY MOUNT, NC 27802
TITLE	D
NAME	WAGSTAFF, DAVID
STREET ADDRESS	1515 POYDRAS STREET, SUITE 1500
CITY-ST-ZIP	NEW ORLEANS, LA 70112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000163309
07/06/04-80008-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X203