

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

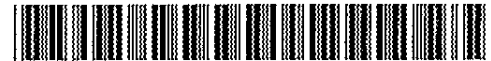
DOCUMENT # P93000024853

1. Entity Name
BARCLAY MORTGAGE CORP.



Principal Place of Business
**2503 DEL PRADO BLVD
CAPE CORAL, FL 33904 US**

Mailing Address
**2503 DEL PRADO BLVD
CAPE CORAL, FL 33904 US**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0398797

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LARROW, PAUL L
3501 DEL PRADO BLVD., SUITE 312
CAPE CORAL, FL 33904**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
TEAGUE, ROSEMARY
4414 GRAND AVE
NORTH BERGEN, NJ 07047**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
BARZOLA, WILLIAM
4414 GRAND AVE
NORTH BERGEN, NJ 07047**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TEAGUE, GEORGE
2616 SW 26TH TERR
CAPE CORAL, FL 33914**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
LARROW, PAUL L
3501-312 DEL PRADO BLVD.
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000094429
03/22/04-80059-019 150.00

**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 #

3-16-04