2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000024853

1. Entity Name
BARCLAY MORTGAGE CORP.

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

DO NOT WRITE IN THIS SPACE

02212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0398797	Not Applicable

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

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

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

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

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03/23/05-80016-011 150.00

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

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

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	

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