

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000043611

1. Entity Name
BARLEY'S WALLCOVERING & INTERIORS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 14 PM 1:23

Principal Place of Business
**50 GOODLETTE ROAD SOUTH
NAPLES, FL 34102**

Mailing Address
**50 GOODLETTE ROAD SOUTH
NAPLES, FL 34102**

5/4/04 60332 001 \$65.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0595158

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOBZA, KIM P ESQ.
1951 J & C BOULEVARD
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning.)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **KOBZA, CRAIG**
STREET ADDRESS **4492 MERCANTILE AVENUE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **KAYLOR, JAMES D**
STREET ADDRESS **6119 28TH STREET, SE**
CITY-ST-ZIP **GRAND RAPIDS, MI 49505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BARLEY, JENNIFRY C**
STREET ADDRESS **3308 TIMBERWOOD CIRCLE**
CITY-ST-ZIP **NAPLES, FL 33942**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **BRACHLE, JERRY**
STREET ADDRESS **4492 MORCANTILE AVENUE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Carol Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/04
Date

Daytime Phone #

h/14 20