

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90114 008 ***150.00

DOCUMENT # P98000028304

1. Entity Name
BARKLEE, INC.



Principal Place of Business
**7121 STATE ROAD 54
NEW PORT RICHEY, FL 34653**

Mailing Address
**7121 STATE ROAD 54
NEW PORT RICHEY, FL 34653**

40080043



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3507916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KWAN, MAE W
7121 SR. 54
NEW PORT RICHEY, FL 34653**

**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	DVP
NAME	KWAN, MAE W
STREET ADDRESS	2200 ABBEY LANE 2913 BRADLEY CT.
CITY-ST-ZIP	PALM HARBOR, FL 34683 NEW PORT RICHEY, FL 34653
TITLE	DP
NAME	CHEN, ZHEN H
STREET ADDRESS	10405 GIFFORD DRIVE 4022 SAVAGE STATION COR.
CITY-ST-ZIP	SPRINGHILL, FL 34609 NEW PORT RICHEY, FL 34653
TITLE	T
NAME	CHEN, LIU Y
STREET ADDRESS	4022 SAVAGE STATION CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	S
NAME	KWAN, JOHNNY
STREET ADDRESS	4742 ARBOR DRIVE SOUTH 2913 BRADLEY CT.
CITY-ST-ZIP	PALM HARBOR, FL 34683 NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

*** MAE KWAN**

4-28-05

727-375-8605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #