

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90019 042 \*\*\*150.00

**DOCUMENT # P99000082027**

1. Entity Name

BAR CAR CORPORATION OF NORTH PORT



Principal Place of Business

3232 JUNCTION STREET  
NORTH PORT, FL 34288

Mailing Address

3232 JUNCTION STREET  
NORTH PORT, FL 34288

**DO NOT WRITE IN THIS SPACE**



07072005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3597832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUNK, BARRY R  
3232 JUNCTION STREET  
NORTH PORT, FL 34288

**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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHUNK, BARRY
STREET ADDRESS	3232 JUNCTION STREET
CITY - ST - ZIP	NORTH PORT, FL 34288
TITLE	VP
NAME	SCHUNK, CAROL
STREET ADDRESS	3232 JUNCTION STREET
CITY - ST - ZIP	NORTH PORT, FL 34288
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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 Schunk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/05 941-766-7933

# ATTACHMENT

14018859

## D & D FURNITURE MART

1129 Tamiami Trail  
Port Charlotte,  
Florida. Fl. 33953  
Phone (941) 766-7933  
Fax. (941) 766-0165  
Brandl320@cs.com

July 7, 2005

Re: Document # P99000082027

Dear Glenda E. Hood

I Received a "NOTICE OF INTENT TO DISSOLVE" card in the mail and immediately called your office. I know I filed and paid this "on line" in January 2005. I didn't think about this again until now. The gentleman in your office told me to send a check for \$150.00 and a letter of explanation to you and a copy of the 2005 Annual Report. Sorry for any inconvenience.

Sincerely,



Signature