

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 348914

1. Entity Name
BAREFOOT BAY CORPORATION



Principal Place of Business
**201 ALHAMBRA CIRCLE
12TH FL
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE
12TH FL
CORAL GABLES, FL 33134**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1281126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I.
201 ALHAMBRA CIRCLE
12TH FL
CORAL GABLES, FL 33134**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

T
NAME
RAMA, MICHAEL
STREET ADDRESS
201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP
CORAL GABLES, FL 33134

PD
NAME
MCAIRY, CHARLES
STREET ADDRESS
201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP
CORAL GABLES, FL 33134

SD
NAME
KERRIGAN, JUANITA I.
STREET ADDRESS
201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP
CORAL GABLES, FL 33134

VD
NAME
GETMAN, DENNIS J.
STREET ADDRESS
201 ALHAMBRA CIRCLE 12TH FL
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000555111
05/16/06-80021-013 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Juanita I. Kerrigan* Secretary 4/24/06 (205) 442-7000
DATE _____ DAYTIME PHONE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN