



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 355790	
1. Entity Name BAREFOOT BAY PROPANE GAS COMPANY	

Principal Place of Business 4837 SWIFT RD SUITE 100 SARASOTA, FL 34231	Mailing Address 4837 SWIFT RD SUITE 100 SARASOTA, FL 34231
--	--

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1275937	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MURPHY, MICHAEL E
4837 SWIFT RD
SUITE 100
SARASOTA, FL 34231**

**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 reinstalling)
Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAAS, DANA A 580 VIRGINIA DR 300 FORT WASHINGTON, PA 19034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACOSTA, MICHAEL 4837 SWIFT RD #100 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAZIANO, LEONARD F 580 VIRGINIA DR #300 FORT WASHINGTON, PA 19034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MURPHY, MICHAEL E 4837 SWIFT RD., #100 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATEL, MEG 16337 PARK ROW HOUSTON, TX 77084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHUBBUCK, ANITA J. 4837 SWIFT RD., #100 SARASOTA, FL 34231

1100000358284
05/04/05-80107-016 158.75

**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: Megwatal VP 4/25/05 281-578-4239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #