


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90132 001 \*\*\*158.75

<b>DOCUMENT # 373777</b> 1. Entity Name <b>BARNHILL'S BUFFET, INC.</b>					
Principal Place of Business <b>C/O BARNHILL'S COUNTRY BUFFET</b> <b>8102 NORTH DAVIS HIGHWAY</b> <b>PENSACOLA, FL 32514</b>				Mailing Address <b>420 BAY FRONT PARKWAY</b> <b>PENSACOLA, FL 32502 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>5490 Mobile Hwy</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Pensacola, FL</b>		4. FEI Number <b>59-1321591</b>	
Zip <b>32526</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARRINGTN, ROBERT</b> <b>420 BAYFRONT PARKWAY</b> <b>PENSACOLA, FL 32502</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>5490 Mobile Hwy</b> City <b>Pensacola,</b> <b>FL</b> Zip Code <b>32526</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARNHILL, CHARLES</b> <b>8629 ROSEMONT DRIVE</b> <b>PENSACOLA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BARNHILL, HOPE</b> <b>8629 ROSEMONT DRIVE</b> <b>PENSACOLA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>BARRINGTON, ROBERT J</b> <b>524 SO. 2ND ST.</b> <b>PENSACOLA, FL 32507</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>RJ BARRINGTON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>			04/11/06 (850) 941-2880 <small>Date Easymail Phone #</small>		