

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006627

**FILED**  
**Jan 18, 2004**  
**Secretary of State****Entity Name:** NAPLES BARRACUDAS, INC.**Current Principal Place of Business:**380 SHARWOOD DRIVE  
NAPLES, FL 34110**New Principal Place of Business:****Current Mailing Address:**380 SHARWOOD DRIVE  
NAPLES, FL 34110**New Mailing Address:****FEI Number:** 52-2374813**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DUFFY, CATHERINE C  
380 SHARWOOD DRIVE  
NAPLES, FL 3110 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DUFFY, KEVIN R  
Address: 380 SHARWOOD DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete  
Name: MAMBUCA, FRANK  
Address: 478 TERRA VISTA CT.  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: DUFFY, CATHERINE C  
Address: 380 SHARWOOD DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete  
Name: WYSS, THOMAS  
Address: 4380 MISTLETHRUSH LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE C DUFFY

D

01/18/2004

Electronic Signature of Signing Officer or Director

Date