


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90016 042 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N02000008508</b>                    |  |
| 1. Entity Name<br><b>FLORIDA BARRACUDAS, INC.</b> |   |

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| Principal Place of Business<br><b>9409 50 WAY NORTH<br/>PINELLAS PARK FL 33782</b> | Mailing Address<br><b>9409 50 WAY NORTH<br/>PINELLAS PARK FL 33782</b> |
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|---|--|
| 2. Principal Place of Business<br><b>10770 US Hwy 19 N.</b> | 3. Mailing Address<br><b>P.O. Box 2398</b> |
| Suite, Apt. #, etc.<br><b>805</b>                           | Suite, Apt. #, etc.                        |

|  |  |
|--|--|
| City & State<br><b>Pinellas Park, FL</b> | City & State<br><b>Pinellas Park, FL</b> |
| Zip<br><b>33782</b>                      | Country<br><b>U.S.</b>                   |
| Zip<br><b>33780</b>                      | Country<br><b>U.S.</b>                   |



1st MOORE CR2E037 (10/04)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>02-0651242</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI FL 33145</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code    |  |

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 \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RANDOLPH, DENZIL R JR<br/>9409 50 WAY NORTH<br/>PINELLAS PARK FL 33782</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Randolph, Denzil R. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>10770 US Hwy 19 N. # 805<br/>Pinellas Park FL 33782</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JOHNSON, MATTHEW B<br/>9409 50 WAY NORTH<br/>PINELLAS PARK FL 33782</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Horton, Robert W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>10770 US Hwy 19 N. # 805<br/>Pinellas Park, FL 33782</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HORTON, ROBERT W<br/>9409 50 WAY NORTH<br/>PINELLAS PARK FL 33782</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 617, 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:** Denzil R. Randolph **May 10, 2005** **(727) 776-3825**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #