


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90206 039 ***158.75

DOCUMENT # P01000027562	
1. Entity Name BARRACUDA MANAGEMENT, INC.	

Principal Place of Business 1356 HILLSIDE DRIVE TARPON SPRINGS, FL 34689 700 LANSDEN CT. TARPON SPRINGS, FL 34689	Mailing Address 1356 HILLSIDE DRIVE TARPON SPRINGS, FL 34689 700 LANSDEN CT. TARPON SPRINGS, FL 34689
2. Principal Place of Business 700 LANSDEN CT.	3. Mailing Address 700 LANSDEN CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

14005912



04252005 Chg-P CR2E034 (10/03)

City & State TARPON SPRINGS, FL	City & State TARPON SPRINGS, FL	4. FEI Number 59-3706299	Applied For <input type="checkbox"/> Not Applicable
Zip 34689	Country USA	Zip 34689	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent PATERSON, ROBERT 1356 HILLSIDE DRIVE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Robert Paterson, president* DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PATERSON, ROBERT 1356 HILLSIDE DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *Robert Paterson, ROBERT PATERSON* **4/25/05 7279430678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #