


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000002743	
1. Entity Name BAREFOOT BOB'S, INC.	

Principal Place of Business 1580E 40TH TERR. SW NAPLES, FL 34116	Mailing Address 1580E 40TH TERR. SW NAPLES, FL 34116
--	--



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1546694	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent WILLIAMS, ROBERT E 1580E 40TH TERR. SW NAPLES, FL 34116

**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 <i>Robert Williams</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	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	1100000367565 05/18/05-80007-022 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ROBERT E 3240 5TH AVE. SW NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COBB, JERELYN J 3240 5TH AVE. SW NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 19.07(3)(f), 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: <i>Jerelyn J Cobb</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/01/05	Daytime Phone # 239 659-6
---	---------------------	----------------------------------