

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 001 ***150.00

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1. Entity Name

BAREFOOT YACHT SERVICES, INC.



Principal Place of Business

1415 1ST STREET NORTH
UNIT 803
JACKSONVILLE BEACH FL 32250

Mailing Address

P.O. BOX 50532
JACKSONVILLE BEACH FL 32240

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

50 3RD AVENUE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 902

City & State

City & State

JACKSONVILLE BEACH FL

Zip

Country

Zip

Country

32250

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEASLER, FRANK R JR
HENDERSON KEASLER LAW FIRM, P.A.
4309 PABLO OAKS COURT STE 5
JACKSONVILLE FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WARD, CLEMENT H
STREET ADDRESS 1415 1ST STREET NORTH UNIT 803
CITY- ST- ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ Delete
NAME WARD, LINDA G
STREET ADDRESS 1415 1ST STREET NORTH UNIT 803
CITY- ST- ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME WARD, CLEMENT H.
STREET ADDRESS 50 3RD AVENUE SOUTH, UNIT 902
CITY- ST- ZIP JACKSONVILLE BEACH FL 32250

TITLE ☒ Change ☐ Addition
NAME WARD, LINDA G.
STREET ADDRESS 50 3RD AVENUE SOUTH, UNIT 902
CITY- ST- ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Clement H. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5 2007

600-8484