2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State
05-12-2004 90209 011 ***150.00

DOCUMENT # P03000014015

1. Entity Name
BARRACUDA CONSULTING, INC.

Principal Place of Business	Mailing Address
1041 PENMAN ROAD NEPTUNE BEACH, FL 32266	1041 PENMAN ROAD NEPTUNE BEACH, FL 32266

01302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1852357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAINES, CYNTHIA D 50 NORTH LAURA STREET SUITE 2500 JACKSONVILLE, FL 32202	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 ______________________________ 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, 2004 Fee will be $550.00

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	TITLE	D	☒ Change ☐ Addition
NAME	BAINES, TROY D		NAME	BAINES, TROY D.	
STREET ADDRESS	8787 SOUTHSIDE BLVD. #6005		STREET ADDRESS	1041 PENMAN RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	BAINES, CYNTHIA D		NAME	BAINES, CYNTHIA D	
STREET ADDRESS	8787 SOUTHSIDE BLVD. #6005		STREET ADDRESS	1041 PENMAN RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 1/30/2004 904-241-9129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 5/10/2004 904-241-9129