

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90002 008 ***150.00

DOCUMENT-# P03000091772

1. Entity Name

BAREFOOT BOAT DETAILING, INC.



Principal Place of Business

**641 SE PRINEVILLE ST
PORT ST LUCIE FL 34983**

Mailing Address

**641 SE PRINEVILLE ST
PORT ST LUCIE FL 34983**

54071993



MOORE

CR2E034 (4/04)

2. Principal Place of Business

MOBILE
Suite, Apt. #, etc.

3. Mailing Address

641 SE PRINEVILLE ST
Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

4. FEI Number

54-2122526

Applied For

Not Applicable

Zip

Country

Zip

Country

34983

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME DRYER, LAURA L ☐ Delete
STREET ADDRESS 641 SE PRINEVILLE ST
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE VTD
NAME ARPAYOGLOU, IRENE ☐ Delete
STREET ADDRESS 641 SE PRINEVILLE ST
CITY-ST-ZIP PORT ST LUCIE FL 34983

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-2-04 (305) **213-0155**

Attachment

~~#03000091772~~

SEP 2 - 04

TO WHOM IT MAY CONCERN

WE NEVER RECEIVED ANY PRIOR NOTICE
IN THE MAIL PLEASE WAIVE THE 400 \$

LATE FEE BECAUSE WE ARE NEW BUSINESS
OWNERS WE WERE UNAWARE WE HAD TO
PAY THIS. THANKS

LAURA DRYER


Irak Arpayoglu

