FILED
May 19, 2005 8:00 am
Secretary of State
04-20-2005 90361 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050916

1. Entity Name
BAREFOOT BAY OF FLORIDA, INC.

66017941

Principal Place of Business	Mailing Address
1202 NEBRASKA AVE. PALM HARBOR, FL 34683	1202 NEBRASKA AVE. PALM HARBOR, FL 34683

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
401 East Shore Dr.	401 East Shore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater Beach, FL	City & State: Clearwater Beach, FL
Zip: 33767 Country:	Zip: 33767 Country:

4. FEI Number: 20-1705343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LABRECQUE, EDWARD C CPA
508 FLORIDA BLVD.
P.O. BOX 957
CRYSTAL BEACH, FL 34681

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 $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WATSON, DAVID 1202 NEBRASKA AVE. PALM HARBOR, FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	401 East Shore Dr. Clearwater Beach, FL 33767	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BANKS, JOHN T 1202 NEBRASKA AVE. PALM HARBOR, FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	401 East Shore Dr. Clearwater Beach, FL 33767	☒ Change ☐ Addition
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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: D Watson DAVID WATSON 4/17/05 727-447-5316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #