


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90018 039 \*\*\*150.00

**DOCUMENT # P04000082149**  
 1. Entity Name  
**BAREFOOT'S RESTAURANT INC.**



Principal Place of Business      Mailing Address  
**3480 DELTONA BLVD.**      **3480 DELTONA BLVD.**  
**SPRING HILL, FL 34606**      **SPRING HILL, FL 34606**

**50004986**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01182006    Chg-P    CR2E034 (11/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**20-1177500**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**DAVIES, MARY**  
**17049 OXENHAM AVE.**  
**SPRING HILL, FL 34610**

**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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution     

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIES, GLENN A	
STREET ADDRESS	17049 OXENHAM AVE.	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	V	<input type="checkbox"/> Delete
NAME	TURLEY, ADELLE J	
STREET ADDRESS	12082 CRADOCK ST.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIES, MARY C	
STREET ADDRESS	17049 OXENHAM AVE.	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURLEY, JASON P	
STREET ADDRESS	12082 CRADOCK ST.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: Adelle J Turley V. Pres      Date: 3-16-06      Daytime Phone #: 352 6840866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000082149</b> 1. Entity Name <b>BAREFOOT'S RESTAURANT INC.</b>	
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Principal Place of Business <b>3480 DELTONA BLVD. SPRING HILL, FL 34606</b>	Mailing Address <b>3480 DELTONA BLVD. SPRING HILL, FL 34606</b>
------------------------------------------------------------------------------------	------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

ATTACHMENT  
50004986

01182006	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>20-1177500</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIES, MARY  
17049 OXENHAM AVE.  
SPRING HILL, FL 34610**

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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DAVIES, GLENN A 17049 OXENHAM AVE. SPRING HILL, FL 34610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>TURLEY, ADELLE J 12082 CRADOCK ST. SPRING HILL, FL 34608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>DAVIES, MARY C 17049 OXENHAM AVE. SPRING HILL, FL 34610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>TURLEY, JASON P 12082 CRADOCK ST. SPRING HILL, FL 34608</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: Adelle J Turkey v. Pres 3-16-06 352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 688 0866