
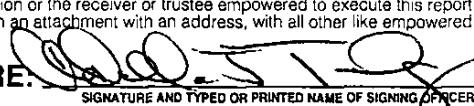


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 3480 DELTONA BLVD. SPRING HILL, FL 34606			Mailing Address 3480 DELTONA BLVD. SPRING HILL, FL 34606		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-1177500				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> 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 DAVIES, GLENN A 17049 OXENHAM AVE. SPRING HILL, FL 34610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURLEY, ADELLE J 12082 CRADOCK ST. SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIES, MARY C 17049 OXENHAM AVE. SPRING HILL, FL 34610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURLEY, JASON P 12082 CRADOCK ST. SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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 Date: 3-16-06 Daytime Phone #: 6840866					

50004986



01182006 Chg-P CR2E034 (11/05)

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000082149

1. Entity Name
BAREFOOT'S RESTAURANT INC.



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

Mailing Address
3480 DELTONA BLVD.
SPRING HILL, FL 34606

ATTACHMENT

50004986

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1177500

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352
V. Pres 3-16-06 688-0866