
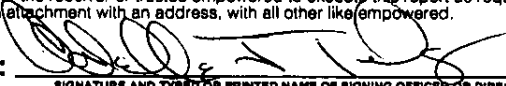


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90180 047 ***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 - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 20-1177500			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DAVIES, MARY 17049 OXENHAM AVE. SPRING HILL, FL 34610			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DAVIES, GLENN A		NAME				
STREET ADDRESS	17049 OXENHAM AVE.		STREET ADDRESS				
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TURLEY, ADELLE J		NAME				
STREET ADDRESS	12082 CRADDOCK ST. 3565 Ligonier Rd.		STREET ADDRESS				
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DAVIES, MARY C		NAME				
STREET ADDRESS	17049 OXENHAM AVE.		STREET ADDRESS				
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TURLEY, JASON P		NAME				
STREET ADDRESS	12082 CRADDOCK ST.		STREET ADDRESS				
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Turley Adelle		NAME				
STREET ADDRESS	3565 Ligonier Rd.		STREET ADDRESS				
CITY-ST-ZIP	Spring Hill, FL 34608		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Turley, Jason P		NAME				
STREET ADDRESS	12082 Craddock St.		STREET ADDRESS				
CITY-ST-ZIP	Spring Hill, FL 34608		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: 			Date: 4-24-07		Daytime Phone #: 352-684-0866		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		