

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90033 019 \*\*\*150.00

DOCUMENT # P04000111045.

1. Entity Name

RUM RUNNERS TAVERN, INC.



Principal Place of Business

102 RIVERSIDE DRIVE, UNIT 503B  
COCOA FL 32922

Mailing Address

102 RIVERSIDE DRIVE, UNIT 503B  
COCOA FL 32922

PAUL R. BARNWELL

RUM RUNNERS TAVERN, INC.

2. Principal Place of Business

RUM RUNNERS TAVERN, INC.

3. Mailing Address

771 WILLIAMS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

771 WILLIAMS DR.

WINTER PARK, FL 32789

City & State

City & State

WINTER PARK FL

Zip

Country

Zip

Country

32789

ORANGE

32789

ORANGE

1st MOORE

CR2E034 (10/05)

4. FEI Number

75-3163194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNWELL, PAUL R

605 NORTH ATLANTIC AVENUE 771 WILLIAMS DR.

COCOA BEACH FL 32931 WINTER PARK, FL.

32789

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 PAUL R. BARNWELL, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 D ☐ Delete  
NAME BARNWELL, PAUL R  
STREET ADDRESS 102 RIVERSIDE DRIVE, UNIT 503B 771 WILLIAMS DR.  
CITY-ST-ZIP COCOA FL 32922 WINTER PARK, FL.  
32789

TITLE D ☐ Delete  
NAME BARNWELL, PATRICIA G  
STREET ADDRESS 771 WILLIAMS DRIVE  
CITY-ST-ZIP WINTER PARK FL 32789

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

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

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

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

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

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

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 exemptions contained in Section 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

3/3/06

Date

407-644-5749

Daytime Phone #