


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90391 044 ***150.00

DOCUMENT # P04000129093

1. Entity Name
BARRACUDA HAULING, INC.



Principal Place of Business Mailing Address

**3445 KIMBERLY OAKS DR
HOLIDAY, FL 34691** **3445 KIMBERLY OAKS DR
HOLIDAY, FL 34691**

2. Principal Place of Business 3. Mailing Address

13438 Oakwood Dr. **13438 Oakwood Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Hudson FL. **Hudson FL.**

Zip Country Zip Country

34669 **U.S.** **34669** **U.S.**

03162006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-1641442 Not Applicable

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



6. Name and Address of Current Registered Agent

**DEMUNGUIA, ROBERT
3445 KIMBERLY OAKS DR
HOLIDAY, FL 34691**

7. Name and Address of New Registered Agent

Name **Robert DeMunquia**

Street Address (P.O. Box Number is Not Acceptable)
13438 Oakwood Dr.

City **Hudson** FL Zip Code **34669**

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 *Robert G. DeMunquia* **ROBERT G. DEMUNGUIA** 4/14/06 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 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	DPST DEMUNGUIA, ROBERT 3445 KIMBERLY OAKS DR HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEMUNGUIA, ROBERT 13438 OAKWOOD DR. HUDSON, FL. 34669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert G. DeMunquia* **ROBERT G. DEMUNGUIA** 4/14/06 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #