


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2007 90003 040 ***150.00

DOCUMENT # P06000018365																																																																									
1. Entity Name BAREFOOT BUSY NURSERY, INC.																																																																									
Principal Place of Business 3240 5TH AVENUE S.W. NAPLES, FL 34117		Mailing Address 3240 5TH AVENUE S.W. NAPLES, FL 34117																																																																							
2. Principal Place of Business - No P.O. Box # 1580 E 40th Terr. SW		3. Mailing Address 1580 E 40th Terr. SW																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																							
City & State Naples, FL		City & State Naples, FL																																																																							
Zip 34116		Country USA																																																																							
4. Name and Address of Current Registered Agent QUINN, JEFFREY C 307 AIRPORT ROAD NORTH NAPLES, FL 34104		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> 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																																																																							
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>Robert Williams</td> <td>1580 E. 40th Terr. SW</td> <td>Naples, FL 34116</td> <td></td> </tr> <tr> <td></td> <td>Jerelyn Cobb</td> <td>1580 E. 40th Terr. SW</td> <td>Naples, FL 34116</td> <td></td> </tr> <tr> <td></td> <td>Serina Williams</td> <td>1580 E. 40th Terr. SW</td> <td>Naples, FL 34116</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		Robert Williams	1580 E. 40th Terr. SW	Naples, FL 34116			Jerelyn Cobb	1580 E. 40th Terr. SW	Naples, FL 34116			Serina Williams	1580 E. 40th Terr. SW	Naples, FL 34116						<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		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 Williams		(239) 363-9992																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																																																							

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4. FEI Number 20-4469489 Applied For Not Applicable

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