2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28
Sec

DOCUMENT # P94000079817

1. Entity Name
BARRACUDA BISTRO, INC.

Principal Place of Business	Mailing Address
4290 OVERSEAS HIGHWAY MARATHON, FL 33050	4290 OVERSEAS HIGHWAY MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/09)

4. FEI Number
65-0524285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, LANCE
4290 OVERSEAS HIGHWAY
MARATHON, FL 33050

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature is required on this form.

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HILL, JAN
STREET ADDRESS	4290 OVERSEAS HIGHWAY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	SD
NAME	HILL, LANCE
STREET ADDRESS	4290 OVERSEAS HIGHWAY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100001340190
04/28/05-80109-005 150.00

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12. I hereby certify that the information supplied with this report is not subject to the exemption stated in Section 119.07(3)(i), 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #