FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000079817

1. Entity Name
BARRACUDA BISTRO, INC.

Principal Place of Business
4290 OVERSEAS HIGHWAY
MARATHON, FL 33050

Mailing Address
4290 OVERSEAS HIGHWAY
MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
66-0524265

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

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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 of or printed name of registered agent and title if applicable — Signature of new registered agent required when changed — DATE

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 Fee

10. OFFICER 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	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

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05/13/06-80065-024 150.00

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11. I hereby certify that the information supplied with this report is true. I am aware that the exemptions contained in Chapter 119, Florida Statutes, may not apply to it. 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 asterisk, with all other like empowered.

SIGNATURE: _____ _____ _____

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE