


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90190 002 \*\*\*150.00

<b>DOCUMENT # P94000079817</b>	
1. Entity Name <b>BARRACUDA BISTRO, INC.</b>	

Principal Place of Business <b>4290 OVERSEAS HIGHWAY MARATHON, FL 33050</b>	Mailing Address <b>4290 OVERSEAS HIGHWAY MARATHON, FL 33050</b>
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**66014366**



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**


4. FEI Number <b>65-0524285</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. 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:  (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, JAN 4290 OVERSEAS HIGHWAY MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, LANCE 4290 OVERSEAS HIGHWAY MARATHON, FL 33050
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**DO NOT WRITE IN THIS SPACE**

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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_