2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # P97000048039 1. Entity Name BARRACUDA HOLDINGS INC.					03-14-2005	90085 043 ***15	0.00	
Principal Place of Business 1501 NORTHPOINT PARKWAY SUITE 100 WEST PALM BEACH, FL 33407 US 335 WEST PALM BEACH			33409	US .] 		DAYA I alih alih alih alih alih alih a	
2. Principal Place of Business 3. Mailing Address 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			·		02232005	Chg-P	CR2E034 (10/03)	
City & State Was T Mum Buret, FL City & State					4. FEI Number 65-0768		. —	oplied For ot Applicable
Zip <i>33</i>	3409		Coun	5. Certificate of Status Desired				
	6. Name and Address of Current F	7. Name and Address of New Registered Agent.						
HERSEY,	HARRY	Name						
1501 NORTHPOINT PKWY SUITE #100				Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH, FL 33407			City Mess Parm Porch FL Zip Code 409					
				City W/OST NACH PORCH FL Zip Code 409				
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 CONCERN ALL								
SIGNATURE Signature, typed glypichted name caregistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTORS	S IN 11
TITLE	D	☐ Delete	mu				CkChange	Addition
NAME STREET ADDRESS	HERSEY, HARRY W JR			E	e Valarii	- 0140	#335	Ì
CITY-ST-ZIP				EET ADDRESS 566 VILLACU BLUD #335 (ST-ZP NEST PARM BEACH, FL 33409)				
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12. I hereby certify that the information supplied with this filing does not qualify for 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.								