

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90194 030 ***150.00

DOCUMENT # P98000072979	
1. Entity Name BAREFOOT DEVELOPERS, INC.	

Principal Place of Business 1029 S FAIRFIELD DR PENSACOLA, FL 32506	Mailing Address 1029 S FAIRFIELD DR PENSACOLA, FL 32506
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50017395



01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 104 CYPRESS POINT E	3. Mailing Address 104 CYPRESS POINT E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32514	Country ESCAMBIA
Zip 32514	Country ESCAMBIA

4. FEI Number 59-3532768	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DICKSON, BARRY E CPA 121 PALAFOX PLACE SUITE C PENSACOLA, FL 32501	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HIGDON, C. R IV 1029 S FAIRFIELD DRIVE PENSACOLA, FL 32506 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HIGDON, C. R IV 104 CYPRESS POINT E PENSACOLA, FL 32514 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGDON, C. R IV 1029 S FAIRFIELD DRIVE PENSACOLA, FL 32506 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIGDON, C. R IV 104 CYPRESS POINT E PENSACOLA, FL 32514 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **4-21-06** **850-434-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(Change of Address only)