


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90028 029 ***550.00

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| DOCUMENT # P99000027729 1. Entity Name BAREFOOT'N IN THE KEYS MANAGEMENT CORPORATION |  |
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| Principal Place of Business 2750 FLORIDA PLAZA BLVD. KISSIMMEE, FL 34746 | Mailing Address 2750 FLORIDA PLAZA BLVD. KISSIMMEE, FL 34746 |
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DO NOT WRITE IN THIS SPACE



07142005 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-3596277 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**STADELMAN, H. JAMES
604 COURTLAND STREET, SUITE 100
ORLANDO, FL 32804**

**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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HUNDLEY, GREG 5770 WIRLD BRONSON MRM. HWY. #129 KISSIMMEE, FL 34746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SPRINGER, JOHN E 2750 FLORIDA PLAZA BLVD. KISSIMMEE, FL 34746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SPRINGER, ROBERTA 2750 FLORIDA PLAZA BLVD. KISSIMMEE, FL 34746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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.

SIGNATURE:  **8/31/05 407-397-1144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #