

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # S41824

1. Entity Name
RED BARREL, INC.



Principal Place of Business
**2 N TAMiami TRL
SUITE 408
SARASOTA, FL 34236 US**

Mailing Address
**2 N TAMiami TRL
SUITE 408
SARASOTA, FL 34236 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0249504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARTIROME, ANTHONY D
2 N TAMiami TRL
SUITE 408
SARASOTA, FL 34236**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

15

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BOLLOM, DAVID ANDREW
23 BEDFORD ROAD
MOORE PARK, no ha 6 2**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
BOLLOM, LES
2878 SANDRINGHAM PLACE
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
IRONS, LORETTA P
2 N TAMiami TRL, SUITE 408
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11000010383526
01/13/06-80004-021 150.00

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LES BOLLOM 01/08/06 941 955 5541
PRESIDENT