


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 159181
 1. Entity Name
BARTOW FORD CO.



Principal Place of Business Mailing Address
2800 US HWY 98 NORTH **P.O. BOX 1700**
BARTOW, FL 33830 US **BARTOW, FL 33831-1700 US**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-0687878 Not Applicable

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

6. Name and Address of Current Registered Agent
ROBLES, BENJAMIN
425 EAST VAN FLEET DRIVE
BARTOW, FL 33830

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD SMITH, ERNEST M. 1190 S. ORANGE AVENUE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLIS, DENNIS M. 6108 PIER PLACE DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBLES, BENJAMIN 5413 BURNT HICKORY DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMBROSE, ROBERT E. 1502 AZALEA STREET PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/05/06-80033-022 150.00

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: Benjamin Robles Benjamin Robles 2/17/06 (813)653-4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #