2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P03000115603 1. Entity Name BARTON INDUSTRIAL CONTRACTING, INC. Principal Place of Business Mailing Address 5404 C.R. 304 5404 C.R. 304 BUNNELL, FL 32110 BUNNELL, FL 32110 03312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2032166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARTON, JARED C DO NOT WRITE 5404 C.R. 304 BUNNELL, FL 32110 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD BARTON, JARED C NAME STREET ADDRESS 5404 C.R. 304 U00000323810 CITY-ST-ZIP BUNNELL, FL 32110 <u> 04/22/05-80064-017 150.00</u> TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 paddeess, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

THE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Apr 05 386-931-5254

FILED