

2005-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001131	
1. Entity Name C. BARTON & COMPANY	

Principal Place of Business 2929 BROWNS LANE JONESBORO, AR 72401	Mailing Address P.O. BOX 4040 JONESBORO, AR 72403
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01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WONNER, MIKE
111A RACETRACE ROAD NW
FORT WALTON BEACH, FL 32547

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11000000315999
04/19/05-80057-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWSON, NIEL 3608 AUGUSTA COVE JONESBORO, AR 72404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOULAND, HAROLD 3709 HOLLAND DRIVE JONESBORO, AR 72401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OZIER, DAVID 2904 WOODTHRUSH CIRCLE JONESBORO, AR 72401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAINWATER, TOM 814 FERNWOOD DRIVE JONESBORO, AR 72401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISACKERLY, LARRY 1402 NORTH CHESTER MONTICELLO, AR 71655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TANT, JOHN 705 W WASHINGTON KENNETT, MO 63857

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] 4-12-05 870 932 6673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #