

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001131

Entity Name: E. C. BARTON & COMPANY

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

2929 BROWNS LANE
JONESBORO, AR 72401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4040
JONESBORO, AR 72403

New Mailing Address:

FEI Number: 71-0011610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MALO, ROGER
111A RACETRACE ROAD NW
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: MITCHELL FITTS

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROWSON, NIEL
Address: 3608 AUGUSTA COVE
City-St-Zip: JONESBORO, AR 72404

Title: V () Delete
Name: BOULAND, HAROLD
Address: 3709 HOLLAND DRIVE
City-St-Zip: JONESBORO, AR 72401

Title: V () Delete
Name: OZIER, DAVID
Address: 2904 WOODTHRUSH CIRCLE
City-St-Zip: JONESBORO, AR 72401

Title: ST () Delete
Name: RAINWATER, TOM
Address: 814 FERNWOOD DRIVE
City-St-Zip: JONESBORO, AR 72401

Title: V () Delete
Name: FISACKERLY, LARRY
Address: 1402 NORTH CHESTER
City-St-Zip: MONTICELLO, AR 71655

Title: V () Delete
Name: TANT, JOHN
Address: 705 W WASHINGTON
City-St-Zip: KENNETT, MO 63857

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BOULAND, HAROLD
Address: 3612 ALABAMA
City-St-Zip: JONESBORO, AR 72404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: RAINWATER, TOM
Address: 802 FERNWOOD DRIVE
City-St-Zip: JONESBORO, AR 72401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL CROWSON

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date