


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000107648</b>	
1. Entity Name <b>BARTH &amp; BARTH, INC.</b>	

Principal Place of Business <b>2543 CROSS COUNTRY DRIVE DAYTONA BEACH, FL 32128</b>	Mailing Address <b>2543 CROSS COUNTRY DRIVE DAYTONA BEACH, FL 32128</b>
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01102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>02-0710110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTH, HERBERT  
2543 CROSS COUNTRY DRIVE  
DAYTONA BEACH, FL 32128**

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6. 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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000587479</b> <b>01/17/07-80034-021 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTH, HERBERT 2543 CROSS COUNTRY DRIVE DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTH, EVELYN 2543 CROSS COUNTRY DRIVE DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTH, MARK D 100 BAKER COURT ISLAND PARK, NY 11558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVA, GWENLLIAN 100 BAKER COURT ISLAND PARK, NY 11558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Herbert Barth **HERBERT BARTH** 1/10/07 386-788-0192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #