2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# F04000001131

Entity Name: E. C. BARTON & COMPANY

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:

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

Name and Address of New Registered Agent:

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: _____

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: 3612 ALABAMA
City-St-Zip: JONESBORO, AR 72404

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

Title: ST ( ) Delete
Name: RAINWATER, TOM
Address: 802 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

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 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: NIEL CROWSON P 01/09/2008

Electronic Signature of Signing Officer or Director Date