2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 159181

Entity Name: BARTOW FORD CO.

Current Principal Place of Business:

2800 US HWY 98 NORTH
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1700
BARTOW, FL 338311700 US

New Mailing Address:

FEI Number: 59-0687878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBLES, BENJAMIN
1780 LAUREL GLEN PLACE
LAKELAND, FL 33803 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: STD ( ) Delete
Name: MULLIS, DENNIS M.,
Address: 6106 PIER PLACE DR.
City-St-Zip: LAKELAND, FL 33813

Title: PD ( ) Delete
Name: ROBLES, BENJAMIN,
Address: 1780 LAUREL GLEN PLACE
City-St-Zip: LAKELAND, FL 33803

Title: VPD ( ) Delete
Name: AMBROSE, ROBERT E.,
Address: 1502 AZALEA STREET
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: MULLIS, DENNIS M.,
Address: 6106 PIER PLACE DR.
City-St-Zip: LAKELAND, FL 33813 US

Title: PD (X) Change ( ) Addition
Name: ROBLES, BENJAMIN,
Address: 1780 LAUREL GLEN PLACE
City-St-Zip: LAKELAND, FL 33803 US

Title: VPD (X) Change ( ) Addition
Name: AMBROSE, ROBERT E.,
Address: 1502 AZALEA STREET
City-St-Zip: PLANT CITY, FL 33566 US

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: DENNIS M. MULLIS STD 01/15/2009

Electronic Signature of Signing Officer or Director Date