

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90023 023 ***150.00

DOCUMENT # F14396

1. Entity Name
BARRINGTON PROPERTY CORP.



Principal Place of Business

**150 MAGNOLIA AVENUE
P.O. BOX 2491
DAYTONA BEACH, FL 32114-9491**

Mailing Address

**150 MAGNOLIA AVENUE
P.O. BOX 2491
DAYTONA BEACH, FL 32114-9491**

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2085913

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | AS |
| NAME | MATHIS, WANDA A |
| STREET ADDRESS | 150 MAGNOLIA AVENUE |
| CITY-ST-ZIP | DAYTONA BEACH, FL |
| TITLE | VAS |
| NAME | PONTIOUS, JEFFREY M |
| STREET ADDRESS | 45 SETON TRAIL |
| CITY-ST-ZIP | ORMOND BCH, FL 0, 32176 |
| TITLE | PST |
| NAME | HART, THOMAS S |
| STREET ADDRESS | 150 MAGNOLIA AVE |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32176 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas S. Hart

3/26/04

386-255-8171