2005 FOR PROFIT CORPORATION

FILED TOPE DOING A

ANNUAL REFURI				,			
1. Entity Nan					Secr	etary o	f State
BARRING	GTON PROPERTY CORP.			<u> </u>			
Principal Plac	ce of Rusiness	Mailing Address		1			
•		150 MAGNOLIA AVENUE					
		P.O. BOX 2491					
		DAYTONA BEACH, FL 32114-9491		l			
		- Marting	The state of the s				
DO NOT WRITE IN THIS SPA			G Manufact - 17 Sec.	03292005	No Chg-P	CR2E034 (1	0/03)
L	O NOT WRITE	Service of the Control of the Contro	green and the second	4. FEI Numbe 59-208			Applied For Not Applicable
			Will Haber State	5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current R	gistered Agent	والمناسبة		20 20		
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114							
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		,	الملامعة في الأدامة	IIN I	THIS SP	ACE	
				A MANUAL CONTRACTOR	The second second		
	e named entity submits this statement for to tions of registered agent. Signature, typed or printed name of registered agent and		ed office or register d Agent signature required		h, in the State of Flo	rida. I am familia	r with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		.00 May Be led to Fees	U00 0 00 04/3 0/0 5-	1346195 180066-011	150.00
10.	OFFICERS AND D	RECTORS				the second of th	
TITLE	AS			in the condition of sin	#177 . Add		
NAME	MATHIS, WANDA A		: .	are a first at			-,
STREET ADDRESS	150 MAGNOLIA AVENUE		on a ll fortunations of a 100 of the co	t transis a toola disentan	onders was to		
CITY-ST-ZIP	DAYTONA BEACH, FL				——————————————————————————————————————	• •	
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CITY-ST-ZIP	ORMOND BCH, FL 0, 32176		{	The state of the s			
TITLE	PST			是一起的 用_{他们}是	3 3001	* * *	
NAME	HART, THOMAS S		. .				
STREET ADDRESS	150 MAGNOLIA AVE		•			DITE	•
CITY-ST-ZIP	DAYTONA BEACH, FL 32176			טט	NOT W	HIIL	
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CITY-ST-ZIP							
TITLE NAME	}						
STREET ADDRESS			1				
CITY-ST-ZIP	Į			14 C. Marie 1880	RETT 12		

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 inclicated on this report or supplemental peport 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SUCNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

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386-255-8171