

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 011 ***150.00

DOCUMENT # G24188 1. Entity Name BARTON REALTY, INC.					
Principal Place of Business 417 W SUGARLAND HWY SUITE 3C CLEWISTON, FL 33440 US			Mailing Address P O BOX 3016 CLEWISTON, FL 33440		
2. Principal Place of Business - No P.O. Box # 13820 NAVEI AVE		3. Mailing Address P O BOX 3016			
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -			
City & State Clewiston, FL		City & State Clewiston, FL		4. FEI Number 59-2264906	
Zip 33440		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSLYN, LILIA 417 W. SUGARLAND HWY SUITE 3C CLEWISTON, FL 33440			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 13820 NAVEI AVE City Clewiston FL Zip Code 33440		
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 3/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JOSLYN, LILIA 417 W. SUGARLAND CLEWISTON, FL 33440	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSLYN, LILIA 417 W. SUGARLAND HWY. CLEWISTON, FL 33440	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
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: 3/31/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					