


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # H89468	
1. Entity Name BARTON LUMBER AND SUPPLY, INC.	

Principal Place of Business % DOUGLAS C. BARTON 1405 29TH ST. NICEVILLE, FL 32578	Mailing Address % DOUGLAS C. BARTON 1405 29TH ST. NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2634503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARTON, DOUGLAS C. 1522 GLENLAKE CIR NICEVILLE, FL 32578	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, JOEL D. 622 SAILBOAT DR. NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD BARTON, DOUGLAS C. 1522 GLENLAKE CIR NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTON, ROSALIE P. 622 SAILBOAT DR. NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/17/04-80013-021 150.00

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: 	2-13-04	(850) 678-1252
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)	Date	Daytime Phone #