



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H90585</b>	
1. Entity Name <b>BILLY BARTON, INC.</b>	

Principal Place of Business <b>17780 S.E. COUNTRY RD., #475 SUMMERFIELD, FL 34491 US</b>	Mailing Address <b>17780 S.E. COUNTRY RD., #475 SUMMERFIELD, FL 34491 US</b>
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**DO NOT WRITE IN THIS SPACE**

	
02142006	No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-2634591</b>	Applied For Not Applicable
6. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTON, BARBARA J  
17780 SE COUNTY RD 475  
SUMMERFIELD, FL 34491**

**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 _____	(NOTE: Registered Agent signature required when restate)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BARTON, BARBARA J 17780 S E COUNTY RD 475 SUMMERFIELD, FL 34491
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02/27/06-80023-012 158.75

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE</b> <i>Barbara J Barton</i> <b>Barbara J Barton</b>	<b>2-15-06</b>	<b>352-245-3500</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #