2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # H90585

1. Entity Name
BILLY BARTON, INC.

Principal Place of Business
17780 S.E. COUNTRY RD., #475
SUMMERFIELD, FL 34491 US

Mailing Address
17780 S.E. COUNTRY RD., #475
SUMMERFIELD, FL 34491 US

DO NOT WRITE IN THIS SPACE

03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2634591 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	BARTON, BARBARA J
STREET ADDRESS	17780 S E COUNTY RD 475
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	S
NAME	BARTON, BARBARA
STREET ADDRESS	17780 SE COUNTRY RD #475
CITY-ST-ZIP	SUMMERFIELD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Barbara J Barton Barbara J Barton March 20 2007 352-845-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #