

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99568

Entity Name: BARTOW MINING, INC.

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 112
WINTER HAVEN, FL 33882 US

New Principal Place of Business:

147 AVENUE C, SW
SUITE 120
WINTER HAVEN, FL 33880 US

Current Mailing Address:

P.O. BOX 112
WINTER HAVEN, FL 33882 US

New Mailing Address:

FEI Number: 59-2917803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER III, M. DAVID
141 5TH ST NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JAMES G. MAY,
Address: POST OFFICE BOX 112
City-St-Zip: WINTER HAVEN, FL 33882

Title: VPAS () Delete
Name: WM, BRYAN MAY
Address: PO BOX 112
City-St-Zip: WINTER HAVEN, FL 33882

Title: VPAS () Delete
Name: MAY, WILLARD C
Address: P O BOX 112
City-St-Zip: WINTER HAVEN, FL 33882

Title: VPS () Delete
Name: DONALSON, J. TIM
Address: P O BOX 112
City-St-Zip: WINTER HAVEN, FL 33882

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. MAY

PRES

01/25/2007

Electronic Signature of Signing Officer or Director

_____ Date