


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000023567
 1. Entity Name
BARTON INDUSTRIES, INC.



Principal Place of Business 428 PINES ISLAND ROAD SOUTHWEST CAPE CORAL, FL 33991	Mailing Address 428 PINES ISLAND ROAD SOUTHWEST CAPE CORAL, FL 33991
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1080493	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCOVILLE, NANETTE M
 1304 SE 21ST TERR
 CAPE CORAL, FL 33990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000096344
 03/25/04-80028-006 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOVILLE, BRUCE B SR 1304 SE 21ST TERR CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOVILLE, NANETTE M 1304 SE 21ST TERR CAPE CORAL, FL 33990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nanette M. Scoville **NANETTE M. SCOVILLE, VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 3/19/04 239-829-1120
Daytime Phone #