

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033003

FILED  
Apr 10, 2004  
Secretary of State

Entity Name: BARTON TRANSPORTATION INCORPORATED

## Current Principal Place of Business:

879 SE CELTIC AVENUE  
PORT ST. LUCIE, FL 34983

## New Principal Place of Business:

5830 NW WINDY PINES LANE  
PORT ST. LUCIE, FL 34986

## Current Mailing Address:

879 SE CELTIC AVENUE  
PORT ST. LUCIE, FL 34983

## New Mailing Address:

5830 NW WINDY PINES LANE  
PORT ST. LUCIE, FL 34986

FEI Number: 65-1088008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVERSTEIN, IRA SCOT ESQ  
1499 WEST PALMETTO PARK ROAD SUITE 312  
BOCA RATON, FL 33486

## 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: PD ( ) Delete  
Name: BARTON, DONALD  
Address: 879 SE CELTIC AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VD ( ) Delete  
Name: BARTON, KERI  
Address: 879 SE CELTIC AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BARTON, DONALD  
Address: 5830 NW WINDY PINES LANE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD (X) Change ( ) Addition  
Name: BARTON, KERI  
Address: 5830 NW WINDY PINES LANE  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KERI L BARTON

VD

04/10/2004

Electronic Signature of Signing Officer or Director

Date