

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000072156

1. Entity Name
BARTON ARTS, INC.



Principal Place of Business
11220 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025

Mailing Address
11220 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025



05072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1147362

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORTOLIN, SONIA ESQ.
7101 W MC NAB ROAD
TAMARAC, FL 33321

**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 reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HULSHOFF, BARBARA
STREET ADDRESS 11220 INTERCHANGE CIRCLE NORTH
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE VTD
NAME HULSHOFF, TONNY
STREET ADDRESS 11220 INTERCHANGE CIRCLE NORTH
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE
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06/01/04-80003-008 150.00

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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)(i), 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 Hulshoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/2004 9844472659
Date Daytime Phone #