

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90107 025 \*\*\*150.00

**60022696**



02072006 Chg-P CR2E034 (11/05)

**DOCUMENT # P02000018545**

1. Entity Name  
**MIKE BARTON ENTERPRISES, INC.**



Principal Place of Business  
**3521 NW 23 PLACE  
GAINESVILLE, FL 32605**

Mailing Address  
**3521 NW 23 PLACE  
GAINESVILLE, FL 32605**

2. Principal Place of Business  
**5235 SW 103rd Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**5235 SW 103rd Dr**  
Suite, Apt. #, etc.

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

Zip  
**32608** Country

Zip  
**32608** Country

4. FEI Number  
**04-3603922**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTON, JEANNETTE  
5624 MARBLE DR  
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST BARTON, MICHAEL 3521 NW 23 PLACE GAINESVILLE, FL 32605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>5235 SW 103rd Dr Gainesville, FL 32608</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael J. Barton **3/7/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #