2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State
02-07-2008 90029 032 ***150.00

DOCUMENT # P02000018545

1. Entity Name
MIKE BARTON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5235 SW 103RD DR GAINESVILLE FL 32608	5235 SW 103RD DR GAINESVILLE FL 32608

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13171 S.W. 3Rd LANE	13171 S.W. 3Rd LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEWBERRY, FL	City & State: NEWBERRY, FL
Zip: 32669 Country: U.S.	Zip: 32669 Country: U.S.

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: JEANNETTE BARTON
Street Address (P.O. Box Number is Not Acceptable): 10000 S.W. 52nd AVE #72
City: GAINESVILLE FL Zip Code: 32608

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: Jeannette Barton
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating
DATE: 3-4-08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PST BARTON, MICHAEL 5235 SW 103RD DR GAINESVILLE FL 32608	☐ Delete	PST BARTON, MICHAEL 13171 S.W. 3Rd LANE NEWBERRY, FL 32669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PST~~ ~~BARTON, MICHAEL~~ ~~13171 S.W. 3Rd LANE~~ ~~NEWBERRY, FL 32669~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Barton MICHAEL BARTON 1-30-08 352-215-0945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #