


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90089 027 \*\*\*158.75

<b>DOCUMENT # P03000124796</b> 1. Entity Name <b>4 BARTONS, INC.</b>			
Principal Place of Business <b>857 W PK AVE</b> <b>TALLAHASSEE, FL 32301</b>		Mailing Address <b>857 W PK AVE</b> <b>TALLAHASSEE, FL 32301</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>857 E. Park Ave.</b> City & State <b>Tallahassee, FL</b> Zip <b>32301</b>		3. Mailing Address Suite, Apt. #, etc. <b>857 E. Park Ave.</b> City & State <b>Tallahassee, FL</b> Zip <b>32301</b>	
4. FEI Number <b>26-0358988</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>BARTON, DENNIS</b> <b>857 W PK AVE</b> <b>TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>857 E. Park Ave.</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Pres</b> NAME <b>Doug Barton</b> STREET ADDRESS <b>857 E Park Ave</b> CITY-ST-ZIP <b>TALL FL 32301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>Dennis Barton</b> STREET ADDRESS <b>857 E Park Ave</b> CITY-ST-ZIP <b>TALL, FL 32301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Sec</b> NAME <b>Colleen Barton</b> STREET ADDRESS <b>657 E Park Ave</b> CITY-ST-ZIP <b>Tall, FL 32301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Treasurer</b> NAME <b>Lisa Barton</b> STREET ADDRESS <b>857 E Park Ave</b> CITY-ST-ZIP <b>Tallahassee, FL 32301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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: <u>Lisa Barton</u> <b>Lisa Barton</b>		Date <u>4/20/04</u> Daytime Phone # <u>850-608-4265</u>	