

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043862

FILED
Aug 31, 2005
Secretary of State

Entity Name: BOBBY BARTON, INC.

Current Principal Place of Business:

263 KATIE ST.
MILTON, FL 32583

New Principal Place of Business:

6085 CARR RD
MILTON, FL 32583

Current Mailing Address:

263 KATIE ST.
MILTON, FL 32583

New Mailing Address:

P.O. BOX 3480
MILTON, FL 32570

FEI Number: 20-0849292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTON, ROBERT F
263 KATIE ST.
MILTON, FL 32583 US

Name and Address of New Registered Agent:

BARTON, ROBERT F
6085 CARR RD
MILTON, FL 32583 US

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: ROBERT F BARTON

08/31/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BARTON, ROBERT F
Address: 263 KATIE ST.
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: HAYES, PAMELA
Address: 4558 BRIAN ST.
City-St-Zip: PACE, FL 32571

Title: SEC () Delete
Name: HAYES, PAMELA
Address: 4558 BRIAN ST.
City-St-Zip: PACE, FL 32571

Title: TREA () Delete
Name: BARTON, ROBERT F
Address: 263 KATIE ST.
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BARTON, ROBERT F
Address: 6085 CARR RD
City-St-Zip: MILTON, FL 32583

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: BARTON, ROBERT F
Address: 6085 CARR RD
City-St-Zip: MILTON, FL 32583

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: PAMELA HAYES

VP

08/31/2005

Electronic Signature of Signing Officer or Director

Date