

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90033 045 ***150.00

DOCUMENT # P98000052048

1. Entity Name

BETTY BARTON'S MELONS, INC.



Principal Place of Business

**35008 WAGNE WAY
ZEPHYRHILLS FL 33541**

Mailing Address

**35008 WAGNE WAY
ZEPHYRHILLS FL 33541**

2. Principal Place of Business

35008 Wagner Way
Suite, Apt. #, etc.

3. Mailing Address

35008 Wagner Way
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Zephyrhills, Fla

Zip
33541

Country

City & State

Zephyrhills, Fla

Zip
33541

Country

4. FEI Number

65-0842470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COUNCIL, JOHN R
ATTORNEY AT LAW
14028 5TH ST
DADE CITY FL 33525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
BARTON, BETTY
35008 WAGNER WAY
ZEPHYRHILLS FL 33541**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Betty Jo Barton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Jo Barton

2-5-04

813-779-8545

Date

Daytime Phone #