

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000080696</b>		
1. Entity Name <b>DON BARTON &amp; ASSOCIATES, INC.</b>		
Principal Place of Business <b>5013 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210</b>		Mailing Address <b>5013 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01042008 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>59-3604306</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>BARTON, DONALD 5013 ORTEGA FOREST DR. JACKSONVILLE, FL 32210</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTON, DON 5013 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARTON, SHIRLEY 5013 ORTEGA FOREST DR JACKSONVILLE, FL 32210	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: <u>Donald E. Barton</u> <i>W. Barton</i> 1/5/08 904 389 6976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		