2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 08, 2007 8:00 am Secretary of State DOCUMENT # P99000085112 1. Entity Name 02-08-2007 90057 018 ***150.00 BARTON'S PROPANE SERVICES, INC. Principal Place of Business Mailing Address 832 CLEMATIS RD. 832 CLEMATIS RD. VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 237 Center Court 237 CONTER Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) 237 City & State City & State 4. FEI Number Applied For 65-0954574 Venice Not Applicable vervice Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Sarasota Fee Required Sarusota 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARTON JAMES BARTON, JAMES L Street Address (P.O. Box Number is Not Acceptable) 832 CLEMATIS 7 CENTER COURT VENICE FL 34293 Zip Codo <u>Venice</u> 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ш ☐ Delete THIE ■ Addition ☐ Change BARTON, JAMES L BARTON JAME L NAME NAME 832 CLEMATIS RD. STREET ADDRESS 237 CENTER COURT STREET ADDRESS VENICE FL 34293 CHY-ST-7IP CITY-ST-7IP Venice FL. 34185 DHE Delete HILE ☐ Change Addition BARTON, JAMES I BARTON JAMES I NAME NAME 832 CLEMATIS RD. STREET ADDRESS STREET ADDRESS 237 CENTER COURT VENICE FL 34293 CITY-ST-7IP CITY-S1-ZIP Venice FL 34185 THE ☐ Delete IIII S Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE ☐ Defete HHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED