2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # H98451

1. Entity Name
BURDETTE BECKMANN, INC.

Principal Place of Business	Mailing Address
5851 JOHNSON ST HOLLYWOOD, FL 33021 US	5851 JOHNSON ST HOLLYWOOD, FL 33021 US

05242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2611439
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, ROBIN S.
FORD & HARRISON
3800 INTERNATIONAL PLACE 100 SE 2ND STREET
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, ROBERT T., SR.
STREET ADDRESS	5851 JOHNSON ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	STD
NAME	TAYLOR, SHERRILL S.
STREET ADDRESS	5851 JOHNSON ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	EVPD
NAME	TAYLOR, ROBERT, T., JR
STREET ADDRESS	5851 JOHNSON ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VPD
NAME	ANDERSON, JR J T
STREET ADDRESS	5851 JOHNSON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369100
06/07/05-80001-025 550.00

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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: Sherrill Taylor 5/24/05 (954) 983-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #