


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90041 039 ***150.00

DOCUMENT # K52067					
1. Entity Name BURGOYNE DEVELOPMENT CORPORATION					
Principal Place of Business 1010 E ADAMS ST JACKSONVILLE, FL 32202			Mailing Address 1010 E ADAMS ST JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2922489	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINDELL FARSON & PINCKET, P.A. 12276 SAN JOSE BLVD SUITE 126 JACKSONVILLE, FL 32223			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERTLE, CAROL B	NAME			
STREET ADDRESS	1010 E. ADAMS ST.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOVETT, W.R. (II)	NAME			
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, LETESHIA D	NAME			
STREET ADDRESS	1010 E ADAMS ST	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP			
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEILDS, DAVID R	NAME	SHEILDS, DAVID R.		
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Carol B Hertle</i>		Date: 3/29/07		Daytime Phone #: 9041355-8311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAROL B HERTLE, DIRECTOR					