


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90187 008 ***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	
Zip	Country	Zip	Country
		02202008 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-2922489	
		Applied For Not Applicable	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILDS, DAVID R	NAME	
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: <u>Carol B. Hertle</u>		Date: <u>3/27/08</u> Daytime Phone #: <u>904-355-6311</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Carol B. Hertle			