

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K52067

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** BURGOYNE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1010 E ADAMS ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

1010 E ADAMS ST  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-2922489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINDELL FARSON & PINCKET, P.A.  
12276 SAN JOSE BLVD  
SUITE 126  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CSD  
Name: COLLEDGE, ELIZABETH L  
Address: 1010 E. ADAMS ST.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P  
Name: LOVETT, W.R. (II)  
Address: 1 INDEPENDENT DRIVE, SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

Title: AS  
Name: BELL, LETESHIA D  
Address: 1010 E ADAMS ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPT  
Name: SHEILDS, DAVID R  
Address: 1 INDEPENDENT DRIVE, SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH L. COLLEDGE

C

03/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date