

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034975

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: BURNEY CATERING, INC.

**Current Principal Place of Business:**

1467 PATRICIA AVENUE  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

1467 PATRICIA AVENUE  
DUNEDIN, FL 34698

**New Mailing Address:**

FEI Number: 26-2355940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURNEY, MONICA  
1421 MLK STREET NORTH  
SAFETY HARBOR, FL 34695 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOOKER, MAXINE  
Address: 1467 PATRICIA AVENUE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: VP ( ) Delete  
Name: BURNEY, MONICA  
Address: 1421 MLK STREET NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: S ( ) Delete  
Name: SALPH, CANDICE  
Address: 1742 N. WASHINGTON AVENUE  
City-St-Zip: CLEARWATER, FL 33755 US

Title: TREA ( ) Delete  
Name: GILGHEST, LADWAYNA  
Address: 1555 LONG STREET  
City-St-Zip: CLEARWATER, FL 33755 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONICA E. BURNEY

VP

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date