


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90128 037 ***150.00

DOCUMENT # P95000090580					
1. Entity Name BURNS ELECTRIC SERVICE, INCORPORATED					
Principal Place of Business 7699 COUNTY ROAD 133 WILDWOOD, FL 34785			Mailing Address 7699 COUNTY ROAD 133 WILDWOOD, FL 34785		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BURNS, RICHARD N 7699 C.R. 133 WILDWOOD, FL 34785				7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNS, NEIL R	NAME			
STREET ADDRESS	7699 COUNTY ROAD 133	STREET ADDRESS			
CITY-ST-ZIP	WILDWOOD, FL 34785	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABALANALP, JOSHUA	NAME			
STREET ADDRESS	7609 CR 133	STREET ADDRESS			
CITY-ST-ZIP	WILDWOOD, FL 34785	CITY-ST-ZIP			
TITLE	V-P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNS, RICHARD N II	NAME			
STREET ADDRESS	7699 CR 133	STREET ADDRESS			
CITY-ST-ZIP	WILDWOOD, FL 34785	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>VP BURNS, DAVID K.</i>	NAME			
STREET ADDRESS	<i>4019 CR 102</i>	STREET ADDRESS			
CITY-ST-ZIP	<i>Oxford FL 34484</i>	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>Richard Neil Burns</i>			Date: <i>3-14-06</i>		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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03132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3350842 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required