

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P13000100378

**FILED
Oct 06, 2017
Secretary of State
CC1908378477**

Entity Name: BURNS & BURNS INSURANCE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

600 NORTH THACKER AVENUE
D-43
KISSIMMEE, FL 34741

Current Mailing Address:

600 NORTH THACKER AVENUE
D-43
KISSIMMEE, FL 34741 US

FEI Number: 46-4342641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, STANLEY
600 NORTH THACKER AVENUE
D-43
KISSIMMEE, FL 34741 US

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

Officer/Director Detail :

Title PSTD
Name BURNS, STANLEY
Address 600 NORTH THACKER AVENUE
D-43
City-State-Zip: KISSIMMEE FL 34741

Title VP
Name BURNS, YROJAIMA
Address 600 NORTH THACKER AVENUE
D-43
City-State-Zip: KISSIMMEE FL 34741

Title VP
Name BURNS, BLAKE
Address 600 NORTH THACKER AVENUE
D-43
City-State-Zip: KISSIMMEE FL 34741

Title D
Name BURNS, STANLEY JR.
Address 600 NORTH THACKER AVENUE
D-43
City-State-Zip: KISSIMMEE FL 34741

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: STANLEY BURNS

PRESIDENT

10/06/2017

Electronic Signature of Signing Officer/Director Detail

Date