

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000100378

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

**FILED  
Feb 20, 2015  
Secretary of State  
CC1832706495**

**Current Principal Place of Business:**

600 N. THACKER AVE  
STE D38  
KISSIMMEE, FL 34741

**Current Mailing Address:**

600 N. THACKER AVE  
STE D38  
KISSIMMEE, FL 34741

**FEI Number: 46-4342641**

**Certificate of Status Desired: No**

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

BURNS, STANLEY  
600 N. THACKER AVE  
STE D38  
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 N. THACKER AVE STE D38  
City-State-Zip: KISSIMMEE FL 34741

Title VP  
Name BURNS, YROJAIMA  
Address 600 N. THACKER AVE STE D38  
City-State-Zip: KISSIMMEE FL 34741

Title VP  
Name BURNS, BLAKE  
Address 600 N. THACKER AVE STE D38  
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**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date