

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000020795

**Entity Name:** BURTON & ASSOCIATES, INC.**Current Principal Place of Business:**200 BUSINESS PARK CIRCLE  
STE. 101  
ST. AUGUSTINE, FL 32095**Current Mailing Address:**200 BUSINESS PARK CIRCLE  
STE. 101  
ST. AUGUSTINE, FL 32095**FEI Number:** 59-3301950**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 P, DIRECTOR  
Name BURTON, MICHAEL E  
Address 200 BUSINESS PARK CIRCLE, STE.  
101  
City-State-Zip: ST. AUGUSTINE FL 32095

Title V  
Name BURNHAM, ANDREW  
Address 200 BUSINESS PARK CIRCLE, STE.  
101  
City-State-Zip: ST. AUGUSTINE FL 32095

Title SECRETARY  
Name D'AGOSTA, JEFFREY  
Address 380 INTERLOCKEN CRESCENT  
SUITE 200  
City-State-Zip: BROOMFIELD CO 80021

Title TREASURER  
Name PAYNE, THOMAS  
Address 380 INTERLOCKEN CRESCENT  
SUITE 200  
City-State-Zip: BROOMFIELD CO 80021

Title ASSISTANT SECRETARY  
Name MALONEY, GINA  
Address 380 INTERLOCKEN CRESCENT  
SUITE 200  
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR  
Name MCCONVILLE, DANIEL  
Address 380 INTERLOCKEN CRESCENT  
SUITE 200  
City-State-Zip: BROOMFIELD CO 80021

Title DIRECTOR  
Name KUIKEN, JAMES  
Address 380 INTERLOCKEN CRESCENT  
SUITE 200  
City-State-Zip: BROOMFIELD CO 80021

*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:** GINA MALONEY**ASSISTANT SECRETARY** 02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date