


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 269577	
1. Entity Name BURR INVESTMENTS INC	

Principal Place of Business BURR INVESTMENTS 4040 WOODCOCK DR., STE. 2-A JACKSONVILLE FL 32207 US	Mailing Address BURR INVESTMENTS 4040 WOODCOCK DR., STE. 2-A JACKSONVILLE FL 32207 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-1022506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WATSON, GARY E 4040 WOODCOCK DR. STE. 2-A JACKSONVILLE FL 32207

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 _____
Signature, typed or printed name of registered agent and his application (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	COOK, MILDRED B
STREET ADDRESS	1040 NW 6TH TERRACE
CITY-ST-ZIP	BOCA RATON FL
TITLE	STD <input type="checkbox"/> Delete
NAME	WATSON, GARY E
STREET ADDRESS	1972 LARGO PLACE
CITY-ST-ZIP	JAX FL
TITLE	VD <input type="checkbox"/> Delete
NAME	MCFARLIN, CLARA B.
STREET ADDRESS	3239 BRIDGEFIELD DR
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	P <input type="checkbox"/> Delete
NAME	RICHARD F. MCFARLIN
STREET ADDRESS	3239 BRIDGEFIELD DR
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000899685
04/28/08-80048-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gary E. Watson* **-GARY E. WATSON** **14 APR 08 (904) 346-0059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date