## 72007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED DOCUMENT # 280172** Jan 10, 2007 08:00 AM 1. Entity Name FRANK BURNS REALTY, INC. **Secretary of State** Principal Place of Business Mailing Address 3711 AZEELE 3711 AZEELE **TAMPA, FL 33609 TAMPA, FL 33609** CR2E034 (11/05) 01072007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-6080102 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURNS, FRANK DO NOT WRITE 3711 AZEELE **TAMPA, FL 33609** IN THIS SPACE 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BURNS, FRANK STREET ADDRESS 3711 AZEELE ST. CITY-ST-ZIP TAMPA, FL TITLE 000000580969 01/10/07-80069-002 150.00 GIBBINS, JOHN NAME STREE! ADDRESS 101 E. KENNEDY BLVD. TAMPA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my eignature 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 employeed to execute this coort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or of an attachment with at address with all other like employeed.

ENTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**