

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90082 050 \*\*\*150.00

**DOCUMENT # 330660**

1. Entity Name

C.R. BURNETT & SONS, INC.



Principal Place of Business

7303 36TH AVE EAST  
PALMETTO FL 34221

Mailing Address

7303 36TH AVE EAST  
PALMETTO FL 34221

240000101



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1215397

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOLLIVER, BURNETT  
103 L40 ST. CT. NW  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name William Lee Strickland  
Street Address (P.O. Box Number is Not Acceptable)  
15704 C.R. 675  
City Parrish FL Zip Code 34219

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

*William Lee Strickland*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/04  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, TOLLIVER M	
STREET ADDRESS	103 - 40TH ST., CT. N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BURNETT, CECIL JR	
STREET ADDRESS	7303 36TH AVE., E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRICKLAND, VERA JO	
STREET ADDRESS	15704 CR 675	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, LEE	
STREET ADDRESS	15704 CR 675	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURNETT, HAZEL J	
STREET ADDRESS	103 -40TH ST CT NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETT, BONNIE	
STREET ADDRESS	7305 36TH AVE., E.	
CITY-ST-ZIP	PALMETTO FL 34221	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*William Lee Strickland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04  
Date

941-776-0660  
Daytime Phone #