


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 339862 1. Entity Name BURRELL ENTERPRISES, INC.	
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Principal Place of Business 12 STATE RD. 13 JACKSONVILLE, FL 32259 US	Mailing Address 12 STATE RD. 13 JACKSONVILLE, FL 32259 US
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DO NOT WRITE IN THIS SPACE



06092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1230898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURRELL, BESSIE M 12 STATE RD 13 JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURRELL, GEORGE T JR 7370 SECRET WOODS TR. JAX, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURRELL, BESSIE M 12 STATE RD 13 JAX, FL 00000,
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06/16/04-80003-020 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X Bessie M Burrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #