

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 390110

1. Entity Name

BURT & WELLS, INC.



Principal Place of Business

P.O. BOX 2297
215 MCDONALD STREET
LAKELAND FL 33806-2297

Mailing Address

P.O. BOX 2297
215 MCDONALD STREET
LAKELAND FL 33806-2297

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1403875

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURT, GEORGE R
215 MCDONALD STREET
LAKELAND FL 33806

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 title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 DV ☐ Delete
NAME CONE, BEVERLY
STREET ADDRESS 215 MCDONALD ST
CITY-ST-ZIP LAKELAND FL 33806

TITLE VSD ☐ Delete
NAME BURT, JEAN O
STREET ADDRESS 215 MCDONALD ST
CITY-ST-ZIP LAKELAND FL 33806

TITLE PD ☐ Delete
NAME BURT, GEORGE R
STREET ADDRESS 215 MCDONALD ST
CITY-ST-ZIP LAKELAND FL 33806

TITLE V ☐ Delete
NAME JANUTOLO, RUSSELL
STREET ADDRESS 215 MCDONALD ST
CITY-ST-ZIP LAKELAND FL 33806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 000000416903
CITY-ST-ZIP 02/13/06-80035-006 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 118, 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean O. Burt*

1-31-06 863-688-221