

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90029 039 ***150.00

DOCUMENT # 454055 1. Entity Name BURGESS ENGINEERING, INC.					
Principal Place of Business 12995 S CLEVELAND AVE #229 FORT MYERS, FL 33907			Mailing Address 6292 MORGAN LA FEE LANE FT. MYERS, FL 33912		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BURGESS, JOSEPH H 6292 MORGAN LA FEE LANE FT. MYERS, FL 33912				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BURGESS, DELORES A		NAME		
STREET ADDRESS	6292 MORGAN LA FEE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000,		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BURGESS, JOSEPH H		NAME		
STREET ADDRESS	6292 MORGAN LA FEE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000,		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>DeLores A. Burgess</u> DELORES BURGESS <u>2/10/06</u> (239) 274-0020 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					



02102006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1649766** Applied For ☐ Not Applicable ☐

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