


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90037 032 \*\*\*150.00

|   |  |     |   |   |  |
|---|--|-----|---|---|--|
| <b>DOCUMENT # 493821</b><br>1. Entity Name<br><b>BURTONS &amp; SONS, INC.</b>   |  |     |   |    |  |
| Principal Place of Business<br><b>21755 EL BOSQUE WAY<br/>BOCA RATON FL 33428</b>   |  |     | Mailing Address<br><b>21755 EL BOSQUE WAY<br/>BOCA RATON FL 33428</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |     | 3. Mailing Address<br><br>Suite, Apt. #, etc.                         |   |  |
| City & State  |  |     | City & State  |   |  |
| Zip   | Country  | Zip | Country   | 4. FEI Number <b>59-1708368</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BURTON, DAVE E<br/>21755 EL BOSQUE WAY<br/>BOCA RATON FL 33428</b>  |  |     |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                   |  |     |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VDS<br/>BURTON, VIRGINIA<br/>21755 EL BOSQUE WAY<br/>BOCA RATON FL</b> <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PDT<br/>BURTON SR, DAVE E<br/>21755 EL BOSQUE WAY<br/>BOCA RATON FL</b> <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BURTON, JR., David E<br/>Overture Circle<br/>Boca Raton, FL</b> <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |

94015969



MOORE CR2E034 (11/03)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dave Burton Pres.*

*2/10/04*

*561-482-8700*