2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 17, 2004 8:00 am Secretary of State **DOCUMENT # 493821** 1. Entity Name 02-17-2004 90037 032 ***150.00 **BURTONS & SONS, INC.** Mailing Address Principal Place of Business 21755 EL BOSQUE WAY" -21755 EL BOSQUE WAY BOCA RATON FL 33428 94015969 **BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1708368 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURTON, DAVE E Street Address (P.O. Box Number is Not Acceptable) 21755 EL BOSQUE WAY **BOCA RATON FL 33428** City Zip Code FL 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **VDS** TITLE Change ☐ Delete TITLE Addition BURTON, VIRGINIA NAME NAME 21755 EL BOSQUE WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP PDT ☐ Delete TITLE ☐ Change ☐ Addition NAME BURTON SR, DAVE E NAME STREET ADDRESS 21755 EL BOSQUE WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP 10 TITLE ☐ Delete ☐ Change ☐ Addition BURTON, JA., Pavid E Overture Ciacle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Boca Raton. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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 entrustee 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.

Dave BURTUR Pres.

MULTIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

561-482-8700

Daytime Phone #