

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 548935**

1. Entity Name

W.J. BURT AND ASSOCIATES, INC.



Principal Place of Business

140 SOUTH ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176  
US

Mailing Address

140 SOUTH ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1770571**

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

DEINER JOHN  
140 SOUTH ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVSD  
DEINER, JOHN ☐ Delete  
140 SOUTH ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000712855 ☐ Change ☐ Addition  
04/26/07-80064-003 1500.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVTD  
LONG, WILLIAM T ☐ Delete  
140 SOUTH ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BURT, LOCKWOOD W ☐ Delete  
140 SOUTH ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HARTZ, A.J. ☐ Delete  
140 S. ATLANTIC AVE., SUITE 400  
ORMOND BEACH FL 32176

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BROCKSMITH, D.G. ☐ Delete  
140 S. ATLANTIC AVE STE 400  
ORMOND BEACH FL 32176

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY L. DI PARDO 4-11-07

Date

Daytime Phone #