2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# 548935

Entity Name: W.J. BURT AND ASSOCIATES, INC.

Current Principal Place of Business:

140 SOUTH ATLANTIC AVENUE
SUITE 400
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

140 SOUTH ATLANTIC AVENUE
SUITE 400
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-1770571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: EVSD
Name: DEINER, JOHN
Address: 140 SOUTH ATLANTIC AVENUE, SUITE 400
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: SVTD
Name: LONG, WILLIAM T
Address: 140 SOUTH ATLANTIC AVENUE, SUITE 400
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: PD
Name: BURT, LOCKWOOD W.
Address: 140 SOUTH ATLANTIC AVENUE, SUITE 400
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: VP
Name: HARTZ, A.J.
Address: 140 S. ATLANTIC AVE., SUITE 400
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP
Name: BROCKSMITH, D.G.
Address: 140 S. ATLANTIC AVE STE 400
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM T. LONG SVTD 03/15/2011

Electronic Signature of Signing Officer or Director Date