

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90050 047 ***150.00

DOCUMENT # 581442

1. Entity Name

ROBERT J. BURNSIDE, C.L.U., & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

600 CLEVELAND ST.
 STE 100
 CLEARWATER FL 33755
 US

600 CLEVELAND ST.
 STE 100
 CLEARWATER FL 33755
 US

2. Principal Place of Business

3. Mailing Address

1511 N. WESTSHORE BLVD

1511 N WESTSHORE BLVD

Suite, Apt. #, etc.
550

Suite, Apt. #, etc.
550

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33607

Country
USA

Zip
33607

Country
USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1840457

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

BURNSIDE, ROBERT
600 CLEVELAND ST SUITE 100
CLEARWATER FL 34615

Name

Street Address (P.O. Box Number is Not Acceptable)

1511 N. WESTSHORE BLVD, SUITE 550

City **TAMPA**

FL

Zip Code **33607**

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.

ROBERT J. BURNSIDE

2/11/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BURNSIDE, ROBERT J	600 CLEVELAND STREET, SUITE 100	CLEARWATER FL 33755	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1511 N. WESTSHORE BLVD, #550	TAMPA, FL 33607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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

2/11/05

Date

813-286-7824

Daytime Phone #