


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90078 016 ***150.00

DOCUMENT # 581442			
1. Entity Name ROBERT J. BURNSIDE, C.L.U., & ASSOCIATES, INC.			
Principal Place of Business 885 HARBOR ISLAND CLEARWATER BEACH, FL 33767 US		Mailing Address 885 HARBOR ISLAND STE 550 CLEARWATER BEACH, FL 33767 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 885 HARBOR ISLAND	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CLEARWATER FL	
Zip	Country	Zip	Country
33767	US	33767	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURNSIDE, ROBERT 885 HARBOR ISLAND CLEARWATER BEACH, FL 33767		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BURNSIDE, ROBERT J 885 HARBOR ISLAND CLEARWATER BEACH, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____		1/10/08 727 461-3114	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
ROBERT J. BURNSIDE			