


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90039 004 \*\*\*150.00

**DOCUMENT # 588146**

1. Entity Name  
**JOHN L. BURNS, P.A.**



Principal Place of Business      Mailing Address

**1400 CENTREPARK BLVD  
 SUITE 860  
 WEST PALM BEACH, FL 33401    US**

**PO BOX 349  
 WEST PALM BEACH, FL 33402    US**

**60016173**



2. Principal Place of Business      3. Mailing Address

**400 Columbia Drive**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 100**

City & State      City & State

**West Palm Beach, FL**

Zip      Country      Zip      Country

**33409      US**

01102006    Chg-P      CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**BURNS, JOHN L.  
 1400 CENTREPARK BLVD., STE 860  
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

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

**400 Columbia Drive, Suite 100**

City    **West Palm Beach**      **FL**    **33409**

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, 2006 Fee will be \$550.00**

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	<b>PD BURNS, JOHN L. 1400 CENTREPARK BLVD., STE 860 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400 Columbia Drive, Suite 100 West Palm Beach, Florida 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SEVERSON, JOHN M. 1400 CENTREPARK BLVD., STE. 860 WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VOGLER SAUNDERS, LISA 103 SE 34TH AVE BOYNTON BCH, FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURNS, LOIS E 463 S. COUNTRY CLUB DRIVE ATLANTIS, FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:**  **Pres**      Date **2/2/06**      Daytime Phone # \_\_\_\_\_