


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 588146

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



Principal Place of Business 400 COLUMBIA DR SUITE 100 WEST PALM BEACH, FL 33409 US	Mailing Address PO BOX 349 WEST PALM BEACH, FL 33402 US
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02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1863197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNS, JOHN L
 400 COLUMBIA DR
 SUITE 100
 WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	NAME BURNS, JOHN L.
STREET ADDRESS 400 COLUMBIA DR SUITE 100	CITY-ST-ZIP WEST PALM BEACH, FL 33409
TITLE S	NAME VOGLER SAUNDERS, LISA
STREET ADDRESS 103 SE 34TH AVE	CITY-ST-ZIP BOYNTON BCH, FL 33435
TITLE D	NAME BURNS, LOIS E
STREET ADDRESS 463 S. COUNTRY CLUB DRIVE	CITY-ST-ZIP ATLANTIS, FL 33462
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

00000845772
 03/18/08-80001-012-150.00

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:  **2/16/08** 561-687-2003

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #