## FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Jan 11, 2006 08:00 AM **Secretary of State DOCUMENT #639518** BURTON-BOSTICK GROVES, INC. Principal Place of Business Mailing Address 501 WEST MAIN ST PO BOX 426 WAUCHULA, FL 33873 US WAUCHULA, FL 33873 US No Chg-P CR2E034 (11/05) 01052006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1969205 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BURTON, JOHN W. H. 501 W MAIN ST WAUCHULA, FL 33873 IN THIS SPACE 5. 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. INOTE Registered Agent signature required when reinstalling) UUUUUUUBB2445U <del>01/11/06-80087-</del>025 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE PST BURTON, JOHN W.H. NAME STREET ADDRESS 501 W. MAIN ST WAUCHULA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 effect fike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-SI-ZIP