

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 16, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F02000001775**

1. Entity Name  
**BURNNOFF CORPORATION**

Principal Place of Business  
**7212 CENTRAL AVE  
SAINT PETERSBURG, FL 33707**

Mailing Address  
**PO BOX 7447  
SAINT PETERSBURG, FL 33707**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1850621</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BURNHAM, DENNIS  
2334 TROPICAL SHORES DR.  
ST. PETERSBURG, FL 33705**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**1100000309507  
04/16/05-80040-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	BURNHAM, DENNIS
STREET ADDRESS	2334 TROPICAL SHORES DR.
CITY-ST-ZIP	ST. PETERSBURG, FL 33705

TITLE	VS
NAME	NOFFSINGER, GARY
STREET ADDRESS	2334 TROPICAL SHORES DR.
CITY-ST-ZIP	ST. PETERSBURG, FL 33705

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**4/14/05 727-343-7297**  
Date Daytime Phone #

**DENNIS BURNHAM**