

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70292

FILED  
Feb 01, 2010  
Secretary of State

Entity Name: DON BURNS INSURANCE, INC.

**Current Principal Place of Business:**

% DON H. BURNS  
1765 MANATEE COURT  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

% DON H. BURNS  
1765 MANATEE COURT  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

FEI Number: 59-2566224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURNS, DON H.  
1765 MANATEE COURT  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURNS, DON H.  
Address: 1765 MANATEE COURT  
City-St-Zip: MERRITT ISLAND, FL

Title: D  
Name: BURNS, ANGELA D.  
Address: 1765 MANATEE COURT  
City-St-Zip: MERRITT ISLAND, FL

Title: VP  
Name: BURNS, BRET C  
Address: 912 HARBOR PINES DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DON H. BURNS

PRES

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date