# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2011**
**Secretary of State**

DOCUMENT# H70292

**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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:**

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

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: DON H. BURNS 04/06/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: BURNS, DON H.
Address: 1765 MANATEE COURT
City-St-Zip: MERRITT ISLAND, FL 32952 UN

Title: D
Name: BURNS,, ANGELA D
Address: 1765 MANATEE COURT
City-St-Zip: MERRITT ISLAND, FL 32952 UN

Title: VP
Name: BURNS, BRET C
Address: 480 SAIL LANE #107
City-St-Zip: MERRITT ISLAND, FL 32953 UN

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 PD 04/06/2011
Electronic Signature of Signing Officer or Director Date