

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90042 010 \*\*\*150.00

**DOCUMENT # J01605**

1. Entity Name  
**BURNSALL DEVELOPMENT (FLORIDA), INC.**



Principal Place of Business  
**2 N. TAMiami TRAIL, #210  
SARASOTA, FL 34236 US**

Mailing Address  
**46 N. WASHINGTON BLVD., SUITE 1  
SARASOTA, FL 34236 S**

2. Principal Place of Business  
**1069 Central Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1069 Central Ave.**  
Suite, Apt. #, etc.



03022004 Chg-P CR2E034 (10/03)

City & State  
**Sarasota FL**  
Zip  
**34236**  
Country  
**USA**

City & State  
**Sarasota FL**  
Zip  
**34236**  
Country  
**USA**

4. FEI Number  
**59-2645493**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PATTERSON, JOHN  
46 N. WASHINGTON BLVD., SUITE 1  
SARASOTA, FL 34236**

## 7. Name and Address of New Registered Agent

Name  
**Black, Ian**  
Street Address (P.O. Box Number is Not Acceptable)  
**1069 Central Ave**  
City  
**Sarasota FL** Zip Code  
**34236**

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 **Ian Black** **DPST** **3/2/04**  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
BLACK, IAN  
2 N. TAMiami TRAIL, #210  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
Black, Ian  
1069 Central Ave.  
Sarasota, FL 34236** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ian Black DPST** **3/2/04** **941-906-8088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #