

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # J06246

1. Entity Name
BETTY JANE BURNSIDE, P.A.



Principal Place of Business
**8709 30TH ST EAST
PARRISH, FL 34219 US**

Mailing Address
**8709 30TH ST EAST
PARRISH, FL 34219 US**



06242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2654328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent:

**BURNSIDE, BETTY JANE
8709 30TH ST EAST
PARRISH, FL 34219**

**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

000000569355
07/11/06-80022-007 1501.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BURNSIDE, BETTY JANE
STREET ADDRESS	8709 30TH ST EAST
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	VP
NAME	BURNSIDE, KENT A
STREET ADDRESS	3719 59TH AVE CIRCLE EAST
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	T
NAME	BURNSIDE, DEAN A
STREET ADDRESS	4636 BAYCEDAR LN
CITY-ST-ZIP	SARASOTA, FL 34241
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 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 other like empowered.

SIGNATURE:

Betty Jane Burnside - Betty Jane Burnside, PS 6/26/06 (941) 776-0744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #