

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J09662	
1. Entity Name BURNS TRAFFIC SERVICES, INC.	

Principal Place of Business % HARRY ADDISON BURNS, JR. 20104 NW 184 TERR HIGH SPRINGS, FL 32643 US	Mailing Address % HARRY ADDISON BURNS, JR. 20104 NW 184 TERR HIGH SPRINGS, FL 32643 US
--	--

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2607542	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURNS, HARRY ADDISON, JR. 20104 NW 184 TERR HIGH SPRINGS, FL 32643	
--	--

**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 rechartering)	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	U000000031934 02/04/04-80169-009 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPVP BURNS, HARRY A., JR. 20104 NW 184 TERR HIGH SPRINGS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST BURNS, JANE T. 20104 NW 184 TERR HIGH SPRINGS, FL
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)(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: <u>Jane T. Burns</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JANE T. BURNS 2-2-04 3864621623 Date Daytime Phone #
--	---