


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90029 006 ***150.00

DOCUMENT # J11266			
1. Entity Name BURTON-NELSON, INC.			
Principal Place of Business 1724 AMBERWOOD CIR W. PALMETTO FL 34221 US		Mailing Address 1724 AMBERWOOD CIR W. PALMETTO FL 34221 US	
2. Principal Place of Business Suite, Apt. #, etc. 1724 AMBERWOOD CIR, W.		3. Mailing Address Suite, Apt. #, etc.	
City & State PALMETTO, FL		City & State	
Zip 34221	Country	Zip	Country
6. Name and Address of Current Registered Agent CAST, JAMES R 1612 EAST LAKE DR FORT LAUDERDALE FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, BURTON 1724 AMBERWOOD CIR W. PALMETTO FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

60011845



1st MOORE

CR2E034 (10/04)

4. FEI Number
59-2703892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required