

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # J11266**

1. Entity Name  
**BURTON NELSON, INC.**

Principal Place of Business  
**1724 AMBERWYND CIR W.  
PALMETTO FL 34221  
US**

Mailing Address  
**1724 AMBERWOOD CIR W.  
PALMETTO FL 34221  
US**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-2703892</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>													
6. Name and Address of Current Registered Agent													
7. Name and Address of New Registered Agent													
<table border="1" style="width: 100%;"> <tr> <td colspan="2"><b>CAST, JAMES R</b></td> </tr> <tr> <td colspan="2"><b>1612 EAST LAKE DR</b></td> </tr> <tr> <td colspan="2"><b>FORT LAUDERDALE FL 33316</b></td> </tr> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>City</td> <td><b>FL</b> Zip Code</td> </tr> </table>		<b>CAST, JAMES R</b>		<b>1612 EAST LAKE DR</b>		<b>FORT LAUDERDALE FL 33316</b>		Name		Street Address (P.O. Box Number is Not Acceptable)		City	<b>FL</b> Zip Code
<b>CAST, JAMES R</b>													
<b>1612 EAST LAKE DR</b>													
<b>FORT LAUDERDALE FL 33316</b>													
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	<b>FL</b> 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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'		
TITLE	P NELSON, BURTON	<input type="checkbox"/> Delete	TITLE	U00000625033	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1724 AMBERWOOD CIR W.		NAME	02/14/07-80059-017 150.00	
STREET ADDRESS	PALMETTO FL 34221		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Burton Nelson* 2/7/07 941-723-7227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #