

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90146 034 ***150.00

DOCUMENT # J50073

1. Entity Name
G. BURNS, INC.



Principal Place of Business
2801 ROSSELLE ST
JACKSONVILLE, FL 32203 US

Mailing Address
2801 ROSSELLE ST
JACKSONVILLE, FL 32205 US

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2750841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURNS, GARY W.
2821 BIRCHWOOD DRIVE
ORANGE PARK, FL 32073

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BURNS, GARY W.
STREET ADDRESS 2821 BIRCHWOOD DRIVE
CITY-STATE-ZIP ORANGE PARK, FL 32073

TITLE VP
NAME BURNS, GEORGE R.
STREET ADDRESS 2875 GATLING BLVD.
CITY-STATE-ZIP ORANGE PARK, FL 32065

TITLE TS
NAME BURNS, CAROLYN J.
STREET ADDRESS 3384 SEQUOIA RD
CITY-STATE-ZIP ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

← New address
4119 Half Moon Circle
Middleburg FL 32068

George R Burns

**WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #