

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90043 012 \*\*\*150.00

**DOCUMENT # J57839**

1. Entity Name  
THEODORE M. BURT, P.A.



Principal Place of Business  
114 NE FIRST ST.  
TRENTON, FL 32693 US

Mailing Address  
P. O. BOX 308  
TRENTON, FL 32693 US



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2766521

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BURT, THEODORE M.  
114 NORTHEAST FIRST STREET  
TRENTON, FL 32693

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BURT, THEODORE M.  
STREET ADDRESS 114 NE FIRST ST.  
CITY-ST-ZIP TRENTON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:** *Theodore M. Burt P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-23-06*

Date

*352-463-2348*

Daytime Phone #

ATTACHMENT

60013415

#J57839

**THEODORE M. BURT, P.A.**

Attorneys at Law  
114 Northeast First Street  
Post Office Box 308  
Trenton, Florida 32693

Theodore M. Burt  
Patti Lee Meeks

(352) 463-2348  
fax (352) 463-6908

February 7, 2006

Division of Corporations  
Post Office Box 6478  
Tallahassee, Florida 32614

Re: Theodore M. Burt, P.A.  
FEI 59-2766521

Gentlemen:

Enclosed please find the 2006 Annual Report on the referenced corporation, together with the annual fee of \$150.00 payable to Florida Department of State.

Yours truly,

*Susan Thorsen*

Susan Thorsen  
Legal Assistant

/st

Enclosures: Report  
Check

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