2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J57839

1. Entity Name

THEÓDORE M. BURT, P.A.



FILED Mar 10, 2008 08:00 A Secretary of State

Principal Place of Business

114 NE FIRST ST. TRENTON, FL 32693 Mailing Address

P. O. BOX 308

TRENTON, FL 32693 US



No Chg-P

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-2766521 Not Applicable

5. Certificate of Status Desired

01182008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	ır with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title of	f applicable (NOTE Registered	d Agent signature	e required when reinstaking)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000852010 03/26/08-80011-009	150.00
10. OFFICERS AND DIRECTORS			I			
TITLE Name Street address City-St-Zip	D BURT, THEODORE M. 114 NE FIRST ST. TRENTON, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				٠		
TITLE NAME						

DO NOT WRITE 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:

STREET ADDRESS

CITY-ST-7IP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-463-2348