

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81233

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: R.R. BURTON & ASSOCIATES, INC.

## Current Principal Place of Business:

1745 C.R. 210 WEST  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

1745 C.R. 210 WEST  
SAINT JOHNS, FL 32259

## Current Mailing Address:

1745 C.R. 210 WEST  
JACKSONVILLE, FL 32259

## New Mailing Address:

1745 C.R. 210 WEST  
SAINT JOHNS, FL 32259

FEI Number: 59-2821440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKEL, EDWARD C  
ONE INDEPENDENT DR SUITE 2301  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BURTON, ROBERT R.,  
Address: 1570 DRURY CT.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SD ( ) Delete  
Name: BURTON, MARY P.,  
Address: 1570 DRURY CT.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Change (X) Addition  
Name: BURTON, TIMOTHY J  
Address: 1348 SYLVIE LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R BURTON

PD

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date