## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 03, 2006 08:00 AM DOCUMENT # K26261 **Secretary of State** 1. Entity Name BURRITT ENTERPRISES, INC. Principal Place of Business Mailing Address 218 FIFTH AVENUE MELBOURNE BEACH FL 32951 218 FIFTH AVENUE MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. tst MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-2898502 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURRITT, JACK Street Address (P.O. Box Number is Not Acceptable) 218 FIFTH AVENUE MELBOURNE BEACH FL 32951 City 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 Signature, typed or printed name of repretered agent and title if applicable (NOTE: Registered Agent signature, required when registative) OASE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tt. 3133 E ☐ Delete TITLE Change NAME BURRITT, JACK OLIVER MARKE 02/14/06-H0023-018 150.00 STREET ADDRESS 218 FIFTH AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL City-SI-ZiP TITLE Delete TITLE ☐ Change Addition NoAff NAME STREET ADDRESS STREET ADDRESS CITY-57-21P City-St-7P THE Delete IIII f ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change ☐ Addition NAME MAME STORE LATITUTESS STREET ADDRESS CITY-ST-ZIP City-St-Zie TITLE Delete TITLE ☐ Change Addition NAME MANAGE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-7/P CITY-ST-ZIP

12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained in Section 119, Florida Statutes 3 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-tike empowered.

**SIGNATURE** 

JACKO BURRITT

FILED

1-321-723-2883