2007 FOR PROFIT CORPORATION

Apr 17, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #K52067** 04-17-2007 90041 039 ***150 00 1. Entity Name BURGOYNE DEVELOPMENT CORPORATION 4000 Principal Place of Business Mailing Address 1010 E ADAMS ST 1010 E ADAMS ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2922489 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDELL FARSON & PINCKET, P.A. Street Address (P.O. Box Number is Not Acceptable) 12276 SAN JOSE BLVD **SUITE 126** JACKSONVILLE, FL 32223 City Zip Code FI 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERTLE, CAROL B NAME NAMÉ STREET ADDRESS 1010 E. ADAMS ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change Addition NAME LOVETT, W.R. (II) NAME STREET ADDRESS 1 INDEPENDENT DRIVE, SUITE 1600 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME BELL, LETESHIA D NAME STREET ADDRESS 1010 E ADAMS ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SHEILDS, DAVID R SHIELDS , DAVID R. 1 INDEPENDENT DRIVE, SUITE 1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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.

GAROL

FILED