


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State


04-16-2004 90054 008 ***150.00

DOCUMENT # L43568	
1. Entity Name H. AND M. BURNS CORP.	

Principal Place of Business 105 CARRIAGE DR. PALATKA FL 32177-9107 US	Mailing Address 105 CARRIAGE DR. PALATKA FL 32177-9107 US
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2. Principal Place of Business 105 Carriage Dr	3. Mailing Address 105 Carriage Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palatka FL	City & State Palatka Fla
Zip 32177	Zip 32177
Country Putnam	Country Putnam

	
MOORE	CR2E034 (11/03)
4. FEI Number 59-2989327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURNS, HARRY D. 105 CARRIAGE DR. PALATKA FL 32177	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, HARRY D 105 CARRIAGE DR. PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNS, MADALINE R 105 CARRIAGE DR PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALIBOZEK, DIANE L 9430 SW 19TH AVE RD. OCALA FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Harry M. Burns <input type="checkbox"/> Change <input type="checkbox"/> Addition 1866 FCO BARRIO Nuevo Rio Piedros SAN JUAN Puerto Rico 00926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOTSON, COLLEEN 5460 5TH ST ST. AUGUSTINE FL 32089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Frederick Calkins <input type="checkbox"/> Change <input type="checkbox"/> Addition Point of Woods Rd. Palatka Fla. 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harry D. Burns Mar 1, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #