2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90011 033 ***150.00

DOCUMENT # L64543

1. Entity Name

REISER BURGAN, INC.

Principal Place of Business	Mailing Address
821 ST. JOHNS BLUFF RD. NORTH JACKSONVILLE FL 32225	821 ST. JOHNS BLUFF RD. NORTH JACKSONVILLE FL 32225

1st MOORE CR2E034 (10/07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3009506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURGAN, RHONA R
10848 CROSSWICKS RD
JACKSONVILLE FL 32256

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVS ☐ ~~Delete~~	TITLE	☐ Change ☐ Addition
NAME	BURGAN, ~~GROVER~~	NAME	
STREET ADDRESS	821 ST JOHNS BLUFF RD N	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURGAN, GROVER	NAME	
STREET ADDRESS	821 ST JOHNS BLUFF RD N	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE	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		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REISER BURGAN, INC.
PH. 904-642-1214
821 ST JOHNS BLUFF ROAD NORTH
JACKSONVILLE, FL 32225

1846
63-1427/631
BRANCH 001

April 01, 2008
DATE

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE $ 150.00

One-Hundred-Fifty-and-no/100 DOLLARS

Oceanside Bank Jacksonville Beach, FL

FOR Document#L64543 Corp.Ann.Rep.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Grover Burgan 4/01/08 (904)642-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #