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	7. Name and Address of New Registered Agent
BURGAN, RHONA R 10848 CROSSWICKS RD JACKSONVILLE FL 32256	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 NAME BURGAN, GROVER STREET ADDRESS 821 ST JOHNS BLUFF RD N CITY-ST-ZIP JACKSONVILLE FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD ☐ Delete NAME BURGAN, GROVER STREET ADDRESS 821 ST JOHNS BLUFF RD N CITY-ST-ZIP JACKSONVILLE FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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REISER BURGAN, INC.
821 ST JOHNS BLUFF ROAD NORTH
JACKSONVILLE, FL 32225
PH. 904-642-1214

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 #