

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90305 039 ***150.00

DOCUMENT # P00000096597

1. Entity Name
BURG & CJ COMMUNICATION, INC.



Principal Place of Business
**3901 36TH CT. APT. C-203
WEST PALM BEACH, FL 33407**

Mailing Address
**P.O. BOX 10493
RIVIERA BEACH, FL 33419-0493**

50011912

2. Principal Place of Business
6186 NEWTON WOODS DR.

3. Mailing Address



04072006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number
65-1049727

Applied For
Not Applicable

Zip
33417

Country
USA

Zip

Country

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

**BURGESS, CHARLES
3901 36TH CT. APT. C-203
WEST PALM BEACH, FL 33407**

Name **BURGESS, CHARLES**

Street Address (P.O. Box Number is Not Acceptable)

6186 NEWTON WOODS DR.

City **WEST PALM BEACH**

FL

Zip Code **33417**

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 *Charles Burgess* **CHARLES BURGESS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/10/06**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 **D** ☐ Delete
NAME **BURGESS, CHARLES**
STREET ADDRESS **3901 36TH CT. APT. C-203**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6186 NEWTON WOODS DR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: *Charles Burgess* **CHARLES BURGESS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 **561-386-1704**

Date

Daytime Phone #