

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117489

FILED
Mar 24, 2008
Secretary of State

Entity Name: TIMOTHY A. BURLEIGH, P.A.

Current Principal Place of Business:

26 RIVER STREET
DOVER FOXCROFT, ME 04426

New Principal Place of Business:

255 FOXCROFT CENTER ROAD
DOVER FOXCROFT, ME 04426

Current Mailing Address:

P.O. BOX 550
DOVER FOXCROFT, ME 04426

New Mailing Address:

FEI Number: 59-3688506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINSON, GARY L
1301 RIVERPLACE BLVD.
SUITE 1818
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: TIMOTHY, BURLEIGH A
Address: 26 RIVER STREET
City-St-Zip: DOVER FOXCROFT, ME 04426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: TIMOTHY, BURLEIGH A
Address: 255 FOXCROFT CENTER ROAD
City-St-Zip: DOVER FOXCROFT, ME 04426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A. BURLEIGH

PSD

03/24/2008

Electronic Signature of Signing Officer or Director

Date