


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90009 017 ***158.75

DOCUMENT # P01000004156					
1. Entity Name BURCAW INVESTMENTS, INC.					
Principal Place of Business 6402 W LINEBAUGH AVE SUITE A TAMPA, FL 33625			Mailing Address 6402 W LINEBAUGH AVE SUITE A TAMPA, FL 33625		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3698893	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FELDMAN, DONNA J ESQ ZIMMET UNICE SALZMAN & FELDMAN 2650 MCCORMICK DRIVE STE 100 CLEARWATER, FL 33759				7. Name and Address of New Registered Agent Name: <u>Feldman, Donna J Esq P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>19321-C US Hwy 19 N #103</u> City: <u>CLEARWATER</u> FL Zip Code: <u>33764</u>	
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: <u>[Signature]</u> DATE: <u>1/19/04</u> <small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURCAW, LAURIE 10840 SHELDON ROAD TAMPA, FL 33626	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Burcaw, Laurie 6402 W Linebaugh Ave Ste A Tampa FL 33626
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTTON, SCOTT L 23715 ESTERO COURT LAND O LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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		<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		<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: <u>[Signature]</u>			Date: <u>1-22-04</u> Daytime Phone #: <u>813-882-4815</u>		