

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90078 036 ***150.00

DOCUMENT # P01000044799 1. Entity Name BURBANK SPORT NETS, INC.			
Principal Place of Business 14476 DUVAL PL W # 208 JACKSONVILLE, FL 32218		Mailing Address P.O. BOX 365 FERNANDINA BEACH, FL 32097	
2. Principal Place of Business 325 Pogy PL Suite, Apt. #, etc.		3. Mailing Address P.O. Box 16198 Suite, Apt. #, etc.	
City & State FERNANDINA BEACH FL Zip 32034 Country		City & State FERNANDINA BEACH, FL Zip 32035-3120 Country	
4. FEI Number 33-1039668		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURBANK, W H III 14476 DUVAL PL W # 208 JACKSONVILLE, FL 32041		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 <u>William H. Burbank III</u> W.H. BURBANK, III - PRESIDENT 3-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	D <input type="checkbox"/> Delete BURBANK, WILLIAM III 529 MONTEREY ST FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete BURBANK, THOMAS G 1269 MOCKINGBIRD LANE YULEE, FL 32097	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete BARBEE, LUCILLE 185 S FLETCHER AVE FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete BURBANK, JOHN L 2413 1ST AVE # P-5 FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete ASSAF, MYRA P 13463 Peaceful Rd JACKSONVILLE FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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>William H. Burbank III</u> W.H. BURBANK, III 3-11-04 904-321-0976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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