


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000093203</b> 1. Entity Name BURNT STORE TITLE SERVICES, INC.	
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Principal Place of Business 15500 BURNT STORE RD STE 106 PUNTA GORDA, FL 33955	Mailing Address 15500 BURNT STORE RD. SUITE 106 PUNTA GORDA, FL 33955
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01292004 No Chg-P CR2E034 (10/03)

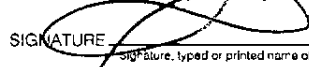
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0562114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BOLLINGER, DEBORAH L 15500 BURNT STORE RD. SUITE 106 PUNTA GORDA, FL 33955
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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  1/29/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCEWAN, CHRIS G 15500 BURNT STORE RD., #106 PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BOLLINGER, DEBORAH L 15500 BURNT STORE RD., #106 PUNTA GORDA, FL 33955
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  Deborah L. Bollinger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/29/04 941-833-1067  
Date Daytime Phone #