

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000111397

1. Entity Name
D & J BURGESS ENTERPRISES, INC.



Principal Place of Business
**357 BURGESS ROAD
DEFUNIAK SPRINGS, FL 32435**

Mailing Address
**357 BURGESS ROAD
DEFUNIAK SPRINGS, FL 32435**



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3759348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURGESS, MADIS J
357 BURGESS RD
DEFUNIAK SPRINGS, FL 32435**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000589458

01/18/07-80016-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURGESS, DANNY R
STREET ADDRESS	357 BURGESS ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	VP
NAME	BURGESS, MADIS J
STREET ADDRESS	357 BURGESS ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Madis J. Burgess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07
Date

850-892-2954
Daytime Phone