2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000010458

1. Entity Name

DONALD BURNEY CONSTRUCTION CO INC.



FILED
Jul 08, 2004 08:00 AM
Secretary of State

Principal Place of Business

4645 IAVELINE ST. MIDDLEBURG, FL 32068 Mailing Address

4645 JAVELINE ST. MIDDLEBURG, FL 32068



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applied For Status Desired Sample Required Fee Required

6. Name and Address of Current Registered Agent

BURNEY, DONALD 4645 JAVELINE ST. MIDDLEBURG, FL 32068

□ NOT WRITE

M 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, typed or printed name of registered agent and title of applicable. (NOTE, Registered Agent algorature required when reinstating) DATE					
		9. Election Campaign Finar Trust Fund Contribution.	Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE DPT BURNEY, DONALD 4645 JAVELINE ST. MIDDLEBURG, FL 32068	CTORS		U0000164323 07/08/04-80004-008 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	DS BURNEY, PATRICIA C 4645 JAVELINE ST. MIDDLEBURG, FL 32068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCORMICK, HERBERT 4624 PEPPERGRASS ST. MIDDLEBURG, FL 32068				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			}	en e	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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					

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 cath; 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: Donald Burney Donald BURNEY 7-1-04 904-382-4188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DEPOS OFFICER OR DIRECTOR Date Daystree Phone #