
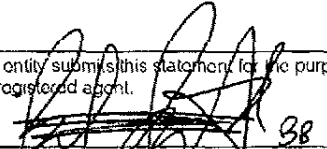
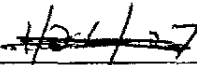


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|   |   |     |   |  |  |
|---|---|-----|---|--|--|
| <b>DOCUMENT # P02000055114</b>  |   |     |   |   |  |
| 1. Entity Name<br><b>BURDETTE &amp; ASSOCIATES LANDSCAPE ARCHITECTURE, INC.</b>   |   |     |   |  |  |
| Principal Place of Business<br><b>209 6TH AVENUE EAST<br/>SUITE A<br/>BRADENTON FL 34208<br/>US</b>   |   |     | Mailing Address<br><b>209 6TH AVENUE EAST<br/>SUITE A<br/>BRADENTON FL 34208<br/>US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #  |   |     | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |   |     | Suite, Apt. #, etc.   |  |  |
| City & State  |   |     | City & State  |  |  |
| Zip   | Country   | Zip | Country   | 4. FEI Number <b>04-3669938</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |     |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>BURDETTE, BEVERLY Z<br/>209 6TH AVENUE EAST<br/>SUITE A<br/>BRADENTON FL 34208</b>  |   |     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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  38 (NOTE: Registered Agent signature required when reinstating) DATE  |   |     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |     |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |  |
| 10. OFFICERS AND DIRECTORS  |   |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | D<br>BURDETTE, BEVERLY Z<br>1304 63 STREET NW<br>BRADENTON FL 34209 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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1st MOORE CR2E034 (10/06)

4. FEI Number **04-3669938**

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

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

(Signature, typed or printed name of registered agent, and title - applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY, ST, ZIP  
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BURDETTE, BEVERLY Z  
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BRADENTON FL 34209 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/07