

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90038 046 ***150.00

DOCUMENT # P02000055114

1. Entity Name

BURDETTE & ASSOCIATES LANDSCAPE ARCHITECTURE, INC.



Principal Place of Business

209 6TH AVENUE EAST
SUITE A
BRADENTON FL 34208
US

Mailing Address

209 6TH AVENUE EAST
SUITE A
BRADENTON FL 34208
US

2. Principal Place of Business - No P.O. Box #

6400 Manatee Ave. W.

3. Mailing Address

6400 Manatee Ave. W.

Suite, Apt. #, etc.

Suite L-114

Suite, Apt. #, etc.

Suite L-114

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34209

Country

Manatee

Zip

34209

Country

Manatee

4. FEI Number

04-3669938

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURDETTE, BEVERLY Z
209 6TH AVENUE EAST
SUITE A
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

6400 Manatee Ave. W.

Suite L-114

City

Bradenton

FL

Zip Code

34209

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.

Beverly Burdette

3/28/08

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE D ☐ Delete
NAME BURDETTE, BEVERLY Z
STREET ADDRESS 1304 63 STREET NW
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 11 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 #

3/28/08 941-748-9500