

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90286 034 ***150.00

DOCUMENT # P02000119860	
1. Entity Name BURNS & HENAUULT INC	

Principal Place of Business 6204 32ND AVE EAST BRADENTON, FL 34208	Mailing Address 6204 32ND AVE EAST BRADENTON, FL 34208
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2. Principal Place of Business 710 60TH ST CT. E.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRADENTON, FL.	City & State
Zip 34208	Country MANATEE

14011117



04262005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3688827	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURNS, DUANE T 6204 32ND AVE EAST BRADENTON, FL 34208	7. Name and Address of New Registered Agent Name DONALD H. HECKMAN Street Address (P.O. Box Number is Not Acceptable) 5887 14TH ST. WEST City BRADENTON FL Zip Code 34207
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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 **D. H. Heckman** DATE **4/26/05**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, DUANE 6204 32ND AVE EAST BRADENTON, FL 34208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O HENAUULT, KEVIN L. 10004 OAKRUN DRIVE BRADENTON, FL 34211 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: **Duane Burns** **DUANE BURNS** **4/26/05 (941) 755-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #