

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90020 038 ***150.00

DOCUMENT # P02000123909

1. Entity Name
THE STORE AT BURNT STORE CENTRE, INC.



Principal Place of Business
**2200 SANTA BARBARA BLVD
CAPE CORAL, FL 33991**

Mailing Address
**2200 SANTA BARBARA BLVD
CAPE CORAL, FL 33991**

44019263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004

Chg-P.

CR2E034 (10/03)

City & State

City & State

4. FEI Number

16-1640991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARROW, PAUL L
3501 DEL PRADO BLVD STE 312
CAPE CORAL, FL 33904**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DEBONO, CHARLES**
STREET ADDRESS **4344 NW 27 ST**
CITY-ST-ZIP **CAPE CORAL, FL 33993**

TITLE **D** ☐ Delete
NAME **DEBONO, DONALD**
STREET ADDRESS **14521-2901 GRANDE CAY CIRCLE**
CITY-ST-ZIP **FT MYERS, FL 33908**

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 **D, P, T** ☒ Change ☐ Addition
NAME **Debono Charles**
STREET ADDRESS **4344 NW 27 ST**
CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE **D, V, S** ☒ Change ☐ Addition
NAME **Debono Donald**
STREET ADDRESS **14521-2901 Grande Cay Circle**
CITY-ST-ZIP **FT MYERS FL 33908**

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 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:

CHARLES DEBONO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/04

Date

239-910-6032

Daytime Phone #