


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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01192004 Chg-P. CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
16-1640991

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LARROW, PAUL L
 3501 DEL PRADO BLVD STE 312
 CAPE CORAL, FL 33904**

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 _____ (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	<input type="checkbox"/> Delete
NAME	DEBONO, CHARLES	
STREET ADDRESS	4344 NW 27 ST	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBONO, DONALD	
STREET ADDRESS	14521-2901 GRANDE CAV CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debono Charles	
STREET ADDRESS	4344 NW 27 ST	
CITY-ST-ZIP	CAPE CORAL FL 33993	
TITLE	D, V, P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debono Donald	
STREET ADDRESS	14521-2901 Grande Cav Circle	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Charles Debono* 11/30/04 239-910-6032
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #