


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1640991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

1100000287264  
04/04/05-20060-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DEBONO, CHARLES 4344 NW 27 ST CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DEBONO, DONALD 14521-2901 GRANDE CAV CIRCLE FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 3/19/05 239-574-5757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #