## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # P02000123954  1. Entity Name BURNT STORE CENTRE, INC.					04-02-2007 90073 002 ***150.00			
Deinainal Dian	n of D	Mailing Address			y	BBASS	J ~\	
Principal Place of Business 714 BURNT STORE RD N CAPE CORAL, FL 33993		Mailing Address 714 BURNT STORE RD N CAPE CORAL, FL 33993			4	00082	44	
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State		4. FEI Numb				plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desire	d 🗆	\$8.75 Add	
	6. Name and Address of Current			7. Name an	d Address of Nev	w Registered		
LARROW, PAUL L 3501 DEL PRADO BLVD, SUITE 312 CAPE CORAL, FL 33904			Name					
			Street Add	dress (P.O. Box Numb	per is Not Accepta	able)		
0. 11 2 00.								
			City			FL	Zip Code	9
	named entity submits this statement f	or the purpose of changing its re	agistered office or r	registered agent, or b	oth, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE_								
SIGNATURE	Signature, typed or printed name of registered agen	n and title if applicable. (NOTE I	Registered Agent signature	n required when remetal and		DATE		
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FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaig	n Financing	\$5.00 May Be Added to Fees				, , , , , , , , , , , , , , , , , , ,
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550 OFFICERS AND	9. Election Campaig Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	/CHANGES TO (	OFFICERS AND	DIRECTOR	3 IN 11
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

CITY-S1-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPE OR PREVIOUS NAME OF SIGNING OFFICER OR DIRECT

DEBNO

2/17/07 239-282.2202