

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


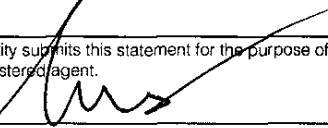
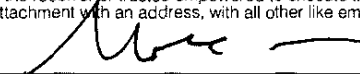
**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90032 028 \*\*\*150.00

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04192004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000135372			
1. Entity Name MICHAEL S. BURTT, P.A.			
Principal Place of Business 518 WEST CHASE STREET PENSACOLA, FL 32501		Mailing Address 518 WEST CHASE STREET PENSACOLA, FL 32501	
2. Principal Place of Business <i>518 W. Chase Street</i>		3. Mailing Address <i>518 W. Chase Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Pensacola, FL</i>		City & State <i>Pensacola, FL</i>	
Zip <i>32502</i>	Country <i>USA</i>	Zip <del>32501</del> <i>32502</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  MATTHEWS, EDESEL F JR 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name <i>Michael S. Burtt</i> Street Address (P.O. Box Number is Not Acceptable) <i>518 W. Chase Street</i> City <i>Pensacola</i> FL Zip Code <i>32502</i>	
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  <i>Michael S. Burtt</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTT, MICHAEL S 518 WEST CHASE STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Pensacola, FL 32502</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		<i>Michael S. Burtt</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<i>(850)469-1313</i> <small>Daytime Phone #</small>	