## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000038303

1. Entity Name BURTON PLASTERING INC.



FILED Mar 08, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

305 EASY STREET FT. PIERCE, FL 34982-3960 P.O. BOX 12069

FT. PIERCE, FL 34979-2069



## DO NOT WRITE IN THIS SPACE

03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1882504 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURTON, JOHN D 305 EASY STREET FT. PIERCE, FL 34982-3960

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the priors of registered agent.	urpose of changing its registere	d office or r	egistered agent, ar bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered again and this if	applicable. (NOTE: Registered	Agent signature	required when rematating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.     Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME SIBELT ADDRESS CITY-ST-ZIP	PD BURTON, JOHN D 305 EASY STREET FT. PIERCE, FL. 349823960	-		-	
HTLE NAME STREET ADDRESS CITY-ST-ZIP					H00000460223 03/20/06-80001-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		!		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-DP					
TITLE NAME STREET ADDRESS	·				

12. I hereby 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 eath, 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-06

Daytime Phone 4