

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000066152

1. Entity Name
CARLL S. BURR, JR., INC.



Principal Place of Business

**100 AIRPORT AVENUE
VENICE, FL 34285**

Mailing Address

**100 AIRPORT AVENUE
VENICE, FL 34285**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-1582401

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BURR, CARLL S III
100 AIRPORT AVENUE
VENICE, FL 34285**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS:

TITLE	PD
NAME	BURR, CARLL S III
STREET ADDRESS	100 AIRPORT AVE.
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	BURR, CARLL S JR
STREET ADDRESS	3730 CADBURY CIRCLE, UNIT #916
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	SVILOKOS, PAUL
STREET ADDRESS	8455 MANASOTA KEY RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	VP
NAME	BURR, BARBARA
STREET ADDRESS	3730 CADBURY CIRCLE, UNIT #916
CITY-ST-ZIP	VENICE, FL 34293
TITLE	S
NAME	DESJARDINS, SR, DALE E
STREET ADDRESS	231 S. TAMIAMI TRAIL
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	T
NAME	ARRIGO, MELISSA
STREET ADDRESS	4296 SYLVANIA AVENUE
CITY-ST-ZIP	NORTH PORT, FL 34287

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04/22/05-80017-025 150.00

**DO NOT WRITE
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 the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05

Date

941. 484. 3100

Daytime Phone #