

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066152

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

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

4071 SCOTCH TERRACE  
NORTH PORT, FL 34286

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 380549  
MURDOCK, FL 33938

## New Mailing Address:

FEI Number: 11-1582401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURR, CARLL S III  
4071 SCOTCH TERRACE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

ACKERMAN, MARY K  
4071 SCOTCH TERRACE  
NORTH PORT, FL 34286 US

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.

SIGNATURE: MARY K ACKERMAN

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BURR, CARLL S III  
Address: POST OFFICE BOX 380549  
City-St-Zip: MURDOCK, FL 33938

Title: D ( ) Delete  
Name: BURR, CARLL S JR  
Address: 3730 CADBURY CIRCLE, UNIT #916  
City-St-Zip: VENICE, FL 34293

Title: S ( ) Delete  
Name: ACKERMAN, MARY K  
Address: 4071 SCOTCH TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: VPT ( ) Delete  
Name: BURR, BARBARA  
Address: 3730 CADBURY CIRCLE, UNIT #916  
City-St-Zip: VENICE, FL 34293

Title: S ( ) Delete  
Name: DESJARDINS, SR, DALE E  
Address: 231 S. TAMiami TRAIL  
City-St-Zip: NOKOMIS, FL 34275

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K ACKERMAN

S

05/01/2009

Electronic Signature of Signing Officer or Director

Date