

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066152

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

FILED  
Apr 30, 2012  
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:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY K ACKERMAN

S

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date