2005 FOR PROFIT CORPORATION _ANNUAL REPORT

DOCUMENT # P03000086103

1. Entity Name

JOHN A. BURPEE & ASSOCIATES, INC.



FILED Jan 10, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

10823 SEMINOLE BLVD., STE. 3A LARGO, FL 33778 10823 SEMINOLE BLVD., STE. 3A LARGO, FL 33778



DO NOT WRITE IN THIS SPACE

 01052005
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURPEE, JOHN 10823-SEMINOLE BLVD. #3-A LARGO, FL 33778

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of redistered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	otti, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, types or philited name of registered agent and title	il applicable (NOTE Registered	Agent signature	required when reinstatilig)	1 [5 OS
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAML STREET ADDRESS CITY-ST-ZIP	D BURPEE, JOHN A 10823 SEMINOLE BLVD., STE. 3A LARGO, FL 33778				U00000175041
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000175041 01/10/05-80033-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN THIS SPACE		
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12. Thereby pertify that the information symplied with this filling does not qualify for the exemption stated in Section 119 07/3/0. Florida Statutes. I further cartify that the information					

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: Pres