## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000128264

Entity Name

PAULIE B. PROPERTIES, INC.



FILED Jan 17, 2008 08:00 AN Secretary of State

Principal Place of Business

5228 SW 24TH PLACE CAPE CORAL, FL 33914

Mailing Address

5228 SW 24TH PLACE CAPE CORAL, FL 33914



П

## DO NOT WRITE IN THIS SPACE

01052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0369737

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKETT, WAYNE D 5228 SW 24TH PLACE CAPE CORAL, FL 33914

CITY-ST-7IP

## DO NOT WRITE IN THIS SPACE

|  |  | ,                                 |                 |                                |  |
|--|--|-----------------------------------|-----------------|--------------------------------|--|
|  | named entity submits this statement for the pations of registered agent. | ourpose of changing its registere | d office or r   | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |
| 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, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution. |  |                                   |                 | \$5.00 May Be<br>Added to Fees |  |
| 10.  | OFFICERS AND DIREC   | CTORS                             |                 |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>BURKETT, WAYNE D<br>5228 SW 24TH PLACE<br>CAPE CORAL, FL 33914      |                                   |                 | 01/17/03-80071-003 150.00      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VP<br>BURKETT, LEOTA R<br>5228 SW 24TH PLACE<br>CAPE CORAL, FL 33914     |                                   |                 | <b>2</b> 3                     | ox 1000 00011-003 130,00                                     |
| 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-ZIP  |  |                                   | ,               |                                |  |
| TITLE NAME STREET ADDRESS  |  | . 1                               |                 |                                |  |

12. I hereby certify that the information supplied with this filing 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 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: Spote Burkett, Vice President