2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005768

Entity Name: BURNS CONSTRUCTION SERVICE INC.

FILED Mar 28, 2005 Secretary of State

Current Principal Plac	e of Business:	New Princi	pal Place of Business

1069 19TH AVE. NORTH
ST. PETERSBURG, FL 33704

1201-52ND AVE NORTH
ST. PETERSBURG, FL 33703

Current Mailing Address: New Mailing Address:

1069 19TH AVE. NORTH
ST. PETERSBURG, FL 33704

1201-52ND AVE. NORTH
ST. PETERSBURG, FL 33703

FEI Number: 80-0090959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NEUMANN, KATHLEEN B

1069 19TH AVE. NORTH

ST. PETERSBURG, FL 33704 US

BURNS, THOMAS J D.P.

1201-52ND AVE. NORTH

ST. PETERSBURG, FL 33703 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: THOMAS J. BURNS D.P. 03/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURNS, THOMAS J
Address: 1201 52ND AVE. NORTH

Address: 1201 52ND AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

 Title:
 D
 () Delete

 Name:
 BURNS, WILLIAM J

 Address:
 5225 4TH AVE. SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL 33707

Title: D (X) Delete
Name: NEUMANN, KATHLEEN B

Address: 1069-19TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.P. (X) Change () Addition

Name: BURNS, THOMAS J Address: 1201 52ND AVE. NORTH City-St-Zip: ST. PETERSBURG, FL 33703

Title: D. (X) Change () Addition

 Name:
 BURNS, WILLIAM J D.

 Address:
 5225-4TH AVE. SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL 33707

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS J. BURNS D.P. 03/28/2005