

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90385 011 ***150.00

DOCUMENT # P04000049537 1. Entity Name NICHOLAS BURTON, INC.			
Principal Place of Business 1460 WILD ROSE LANE HOLLY HILL, FL 32117		Mailing Address 1460 WILD ROSE LANE HOLLY HILL, FL 32117	
2. Principal Place of Business 1130 Josephine ST. Suite, Apt. #, etc.		3. Mailing Address 1130 Josephine ST. Suite, Apt. #, etc.	
City & State New Smyrna		City & State New Smyrna	
Zip 32168		Zip 32168	
Country Volusia		Country Volusia	
4. FEI Number 412132278		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURTON, NICHOLAS 1460 WILD ROSE LANE HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name Nicholas Barton (Same) Street Address (P.O. Box Number is Not Acceptable) 1130 Josephine ST. (Changed) City New Smyrna FL Zip Code 32168	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Nicholas Barton 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	NAME BURTON, NICHOLAS	<input type="checkbox"/> Delete	
STREET ADDRESS 1460 WILD ROSE LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP HOLLY HILL, FL 32117			
TITLE VP	NAME BAKER, JOEL	<input type="checkbox"/> Delete	
STREET ADDRESS 301 1/2 CAVANAH DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP HOLLY HILL, FL 32117			
TITLE S	NAME LANPHEAR, CLAUDE	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 1128 AVE 6	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORMOND BEACH, FL 32174			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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: Nicholas Burton Pres. Tres.		Date 4-25-05 Daytime Phone # (386) 453-1084	