06-15-2005 90096 041 ***150.00
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TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000073674

1. Entity Name
BURGESS TEAM, INC.

Principal Place of Business	Mailing Address
1268 BARRANCA AVE. SPRING HILL, FL 34609	1268 BARRANCA AVE. SPRING HILL, FL 34609

06022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12482 WINSTON CT	12482 WINSTON CT
Suite, Apt #, etc	Suite, Apt #, etc
City & State: SPRING HILL, FL	City & State: SPRING HILL, FL
Zip: 34609 Country: US	Zip: 34609 Country: U.S

4. FEI Number: 20-1093977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGESS, LISA
1268 BARRANCA AVE.
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 12482 WINSTON CT
City: SPRING HILL. FL Zip Code: 34609

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: Lisa Burgess LISA BURGESS 6/6/05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGESS, LISA 1268 BARRANCE AVE. SPRING HILL, FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12482 WINSTON CT. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Lisa Burgess Lisa Burgess 6·6·05 3522631494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #