2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000083588

1. Entity Name
BURRIS REALTY GROUP, INC.

Principal Place of Business	Mailing Address
302 S. MASSACHUSETTS AVENUE SUITE 113 LAKELAND, FL 33801	422 EUNICE DR. LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-1138716	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BURRIS, M. BRENT
422 EUNICE DR.
LAKELAND, FL 33803

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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 _____
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 Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

01/17/08-80023-019 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PRES	
NAME	BURRIS, MALCOLM B	
STREET ADDRESS	302 S. MASSACHUSETTS AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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: *Malcolm B. Burris*   Malcolm B. Burris   1/12/2008   (863) 688-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #