## 2007 FOR PROFIT CORPORATION

## Apr 06, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-06-2007 90029 024 \*\*\*150.00 DOCUMENT # P04000128329 **BURNLEY PROPERTIES 2, INC.** 40021622 Principal Place of Business Mailing Address 8011 18TH AVE. W. 1915 MANATEE AVE W BRADENTON, FL 34209 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8011 18TH AVE W Suite, Apt. #, etc. CR2E034 (12/06) 03092007 Chg-P City & State BRADENTON Applied For City & State 4. FEI Number 20-1601585 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNLEY, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 8011 18TH AVE. W. BRADENTON, FL 34209 Zip Code 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 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **DPTS** ☐ Addition Defete ☐ Change TITI F TITLE NAME BURNLEY, WILLIAM NAME STREET ADORESS 8011 18TH AVE W STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: \_

TITLE NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

**FILED** 

☐ Addition