


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000020390		
1. Entity Name HOUSE OF BURGESS ENTERPRISES INC.		

FILED  
06 AUG 21 AM 10: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 461 NORTH SEARCY AVE BARTOW, FL 33830 US	Mailing Address 461 NORTH SEARCY AVE BARTOW, FL 33830 US
--	--

2. Principal Place of Business 505 E. Pearl St Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
--	---

05/08/06 90294 040 \$150.00  
04192006 Chg-P CR2E034 (11/05)

City & State Bartow, Florida	City & State	4. FEI Number 20-2292874	Applied For Not Applicable
Zip 33830	Country USA	Zip	Country

6. Name and Address of Current Registered Agent BURGESS, KEITH M 461 NORTH SEARCY AVE BARTOW, FL 33830		7. Name and Address of New Registered Agent Name Keith M. Burgess Street Address (P.O. Box Number is Not Acceptable) 505 E. Pearl St City Bartow FL Zip Code 33830	
---	--	--	--

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 Keith Burgess DATE 4/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURGESS, KEITH M 461 NORTH SEARCY AVE BARTOW, FL 33830 505 E. Pearl St President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURGESS, MARTHA E 461 N SEARCY AVE BARTOW, FL 33830 505 E. Pearl St Sec/Treasurer	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Keith Burgess DATE 4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR