

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032376

FILED
May 01, 2006
Secretary of State

Entity Name: GLENN BURKETT HEALTH CARE COST CONTROL CORPORATION

Current Principal Place of Business:

4650 S. CLEVELAND AVE
3A
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

4650 S. CLEVELAND AVE
3A
FT MYERS, FL 33907 US

New Mailing Address:

P O BOX 9507
PANAMA CITY, FL 32417 US

FEI Number: 84-1672791 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURKETT, GLENN
4650 S CLEVELAND AVE
#3A
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKETT, GLENN
Address: 4650 #3A S CLEVELAND AVE
City-St-Zip: FT MYERS, FL 33907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN BURKETT

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05/01/2006

Electronic Signature of Signing Officer or Director

Date