


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000032757 1. Entity Name BURFORD & DOOLEY, INCORPORATED	
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Principal Place of Business 470 NEWPORT DR. INDIALANTIC, FL 32903	Mailing Address 470 NEWPORT DR. INDIALANTIC, FL 32903
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**DO NOT WRITE IN THIS SPACE**



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2532064	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

KANCILA, JOHN R  
 1800 W. HIBISCUS BLVD., SUITE 138  
 MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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

U00000877383  
 04/14/08-80012-010. 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARICKMAN, WANDA S 470 NEWPORT DR. INDIALANTIC, FL 32903
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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:** *Wanda Sue Barickman/Wanda Sue BARICKMAN* 3-31-08 321-984-0391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #