


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90042 015 ***150.00

DOCUMENT # P05000043451	
1. Entity Name BURTON COMMERCIAL DEVELOPMENT, INC.	

Principal Place of Business 6550 N WICKHAM RD SUITE 7 MELBOURNE, FL 32940	Mailing Address 6550 N WICKHAM RD SUITE 7 MELBOURNE, FL 32940
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60008112



2. Principal Place of Business 4015 N. Harbor City Blvd	3. Mailing Address 4015 N. Harbor City Blvd
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State Melbourne	City & State Melbourne
Zip FL	Country 32935

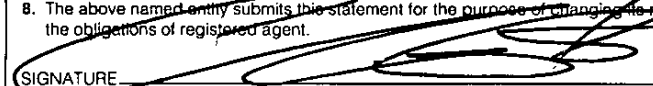
01242006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2489878	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, ALLEN L 2087-A SARNO RD MELBOURNE, FL 32935	
7. Name and Address of New Registered Agent Name Christopher Burton Street Address (P.O. Box Number is Not Acceptable) 4235 Lake Washington Rd. City Melbourne FL Zip Code 32934	

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  **Christopher Burton** 1/24/06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, CHRISTOPHER 6550 N WICKHAM RD MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4235 Lake Washington Rd Melbourne, FL 32934 <input checked="" 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
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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:  **Christopher Burton** 1/24/06 (321)757-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #