

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049619

Entity Name: BURTON AND BURTON, INC.

FILED  
Apr 17, 2006  
Secretary of State

**Current Principal Place of Business:**

276 LOOKOUT POINT DR.  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

276 LOOKOUT POINT DR.  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 81-0671843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURTON, BRUCE  
276 LOOKOUT POINT DR.  
OSPREY, FL 34229 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BURTON, BRUCE  
Address: 276 LOOKOUT POINT DR.  
City-St-Zip: OSPREY, FL 34229

Title: T ( ) Delete  
Name: BURTON, ELAINE  
Address: 276 LOOKOUT POINT DR.  
City-St-Zip: OSPREY, FL 34229

Title: VP ( ) Delete  
Name: BURTON, MICHAEL  
Address: 15341 SAM SNEAD LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S ( ) Delete  
Name: BURTON, LYNN  
Address: 15341 SAM SNEAD LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: BRUCE BURTON

P

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date