


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90032 050 ***550.00

DOCUMENT # P05000089998 1. Entity Name BURT'S CUSTOM WORKS, INC.					
Principal Place of Business 470 DIANE CIRCLE CASSELBERRY, FL 32707			Mailing Address 470 DIANE CIRCLE CASSELBERRY, FL 32707		
2. Principal Place of Business - No P.O. Box # 727 LAUREL WAY		3. Mailing Address 727 LAUREL WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CASSELBERRY FL		City & State CASSELBERRY FL		4. FEI Number 16-1727566	
Zip 32707		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32707		Country SEMINOLE		6. Name and Address of Current Registered Agent HORNER, BURT L JR 470 DIANE CIRCLE CASSELBERRY, FL 32707	
7. Name and Address of New Registered Agent Name BURT HORNER JR Street Address (P.O. Box Number is Not Acceptable) 727 LAUREL WAY City CASSELBERRY FL Zip Code 32707		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 <u><i>Burt Horner Jr</i></u> 5/14/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D HORNER, BURT L JR 470 DIANE CIRCLE CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNER BURT L JR. 727 LAUREL WAY CASSELBERRY FL 32707
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u><i>Burt L Horner Jr</i></u> 5/14/07 407-754-2742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					