2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000089998

1. Entity Name
BURT'S CLISTOM WORKS, INC

SIGNATURE:



FILED Feb 11, 2008 8:00 am Secretary of State 02-11-2008 90040 043 ***150.00

BURTS CUSTOWN VYORRS, HAC.								,				
Principal Place of Business 324 N. CYPRESS WAY CASSELBERRY, FL 32707			Mailing Address 324 N. CYPRESS WAY CASSELBERRY, FL 32707									
Principal Place of Business - No P.O. Box # 3. Mailing Address												
0.3-4-1	4 4 -							1 (20)(20)	60151 SMN 6016 API	III AAIII AAIEI IRII	- 14114 IKISA 14521 IBI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01232008	Chg-P	CR2	E034 (12/06)	
City & State			City & State				• •	4. FEI Numbe 16-172			→	plied For t Applicable
Zip	Country		Zip	Zip C		Country		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add Fee Required	
	6. Name	and Address of Current	Registered Ag	ent		Name		7. Name and	Address of Ne	w Registere	d Agent	
HORNER, BURT L JR 727 LAUREL WAY CASSELBERRY, FL 32707							idress (i	P. BUI O. Box Number CYPRE	r is Not Accep	JR.		
,						City	556	ELBERA	24	F	L Zip Coo	07
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. 1 am familiar with, and accept												
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title (I applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE												
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	r <u></u>	OFFICERS AND						ADDITIONS/	CHANGES TO	OFFICERS A	ND DIRECTORS	S IN 11
TITLE Name	D Delete HORNER, BURT L JR				TITLE NAME	1 1 1 1 1 1 1 1 1 1 1				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	727 LAUR					ADORESS ST-ZIP	324 CAS	H. CYPRE SELBER	SS WAY RY, FL.	32707		
NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET CITY-S	ADDRESS :					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT- ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP					Change	☐ Addition
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.												

NG OFFICER OR DIRECTOR

7 July 08

Daytime Phone #