


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90020 022 ***158.75

DOCUMENT # P06000150717					
1. Entity Name BURGESS USA INC					
Principal Place of Business 5218 PAYLOR LANE SARASOTA, FL 34240 US			Mailing Address 5218 PAYLOR LANE SARASOTA, FL 34240 US		
2. Principal Place of Business - No P.O. Box # 10849 FOREST RUN DRIVE		3. Mailing Address 10849 FOREST RUN DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRADENTON, FL		City & State BRADENTON, FL		4. FEI Number NOT APPLICABLE	
Zip 34211		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN PIONEERS ADVISORY INC. 5218 PAYLOR LANE SARASOTA, FL 34240			7. Name and Address of New Registered Agent Name AMERICAN PIONEERS ADVISORY INC. Street Address (P.O. Box Number is Not Acceptable) 10849 FOREST RUN DRIVE City BRADENTON FL Zip Code 34211		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE MR NAME BURGESS, CHRISTOPHER L MR STREET ADDRESS 5218 PAYLOR LANE CITY- ST- ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE MR. NAME BURGESS, CHRISTOPHER L. STREET ADDRESS 10849 FOREST RUN DRIVE CITY- ST- ZIP BRADENTON, FL 34211	<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	
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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			April 8th 2008 Date Daytime Phone #		