## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000034975

Entity Name: BURNEY CATERING, INC.

FILED Jun 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RICIA AVENUE				
DUNEDIN,	, FL 34698				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1467 PATE	RICIA AVENUE				
	FL 34698				
FEI Number:	26-2355940	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
DUDNEV	MONIOA				
BURNEY, 1421 MLK	STREET NOR	TH			
	IARBOR, FL 3				
	•				
The above	named entity s	ubmits this statement for the n	urnose of changing its registers	ed office or registered agent, or both,	
	of Florida.	abilitis this statement for the p	dipose of changing its registere	ed office of registered agent, or both,	
SIGNATUF					
	Electron	ic Signature of Registered Age	nt	Date	
n accordan	ce with s. 607.193	3(2)(b), F.S., the corporation did not	receive the prior notice.		
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P ()	Delete	Title:	( ) Change ( ) Addition	
Name:	BOOKER, MÁXI		Name:	.,,	
Address:	1467 PATRICIA	AVENUE	Address:		
City-St-Zip:	DUNEDIN, FL 3	4698 US	City-St-Zip:		
Title:	VP ()	Delete	Title:	( ) Change ( ) Addition	
Name:	BURNEY, MONI		Name:	( ) Sharige ( ) / (daliter)	
Address:	1421 MLK STRE		Address:		
City-St-Zip:		DR, FL 34695 US	City-St-Zip:		
<del>-</del>		D. 1.4	<del></del>	( ) 21	
Title:		Delete	Title:	( ) Change ( ) Addition	
Name:	SALPH, CANDIC		Name:		
Address: City-St-Zip:	CLEARWATER,	NGTON AVENUE	Address: City-St-Zip:		
ony-or-zip.	OLLANVATER,	12 33/33 03	Oity-St-Zip.		
Title:	TREA ()	Delete	Title:	( ) Change ( ) Addition	
Name:	GILGHREST, LA	ADWAYNA	Name:		
Address:	1555 LONG STR	REET	Address:		
City-St-Zip:	CLEARWATER,	FL 33755 US	City-St-Zip:		
	,				

I hereby certify that the information supplied with this filing does not qualify 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: MONICA E. BURNEY VP 06/30/2009