

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 047 ***150.00

DOCUMENT # P40695

1. Entity Name
BURRELL INDUSTRIES, INC.



Principal Place of Business Mailing Address
1816 9TH STREET WEST 1816 9TH STREET WEST
BRADENTON, FL 34205 US BRADENTON, FL 34205 US

54069604



2. Principal Place of Business 3. Mailing Address
1950 North Main Street 1950 North Main Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

07222004 Chg-P CR2E034 (10/03)

City & State City & State
Crown Point, Indiana Crown Point, Indiana
Zip Country Zip Country
46307 Lake 46307 Lake

4. FEI Number Applied For
35-1494380 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	BURRELL, DONALD J.	
STREET ADDRESS	1311 MERRILLVILLE RD	
CITY-ST-ZIP	CROWN POINT, IN	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BURRELL, ALICE M.	
STREET ADDRESS	1311 MERRILLVILLE RD	
CITY-ST-ZIP	CROWN POINT, IN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BURRELL, ALICE M.	
STREET ADDRESS	1311 MERRILLVILLE RD	
CITY-ST-ZIP	CROWN POINT, IN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURRELL, JOHN	
STREET ADDRESS	1311 MERRILLVILLE RD.	
CITY-ST-ZIP	CROWN POINT, IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burrell, Donald J.	
STREET ADDRESS		
CITY-ST-ZIP	1950 N. Main St., Crown Point, IN 46307	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burrell, Alice M.	
STREET ADDRESS		
CITY-ST-ZIP	1950 N. Main St., Crown Point, IN 46307	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burrell, Alice M.	
STREET ADDRESS		
CITY-ST-ZIP	1950 N. Main St., Crown Point, IN 46307	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burrell, John	
STREET ADDRESS		
CITY-ST-ZIP	1950 N. Main St., Crown Point, IN 46307	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donald J. Burrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-04 219-326-1147
Date Daytime Phone #

Donald J. Burrell, President