

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90060 003 ***150.00

DOCUMENT # P93000003743

1. Entity Name
BURDETTE & ASSOCIATES, INC.



Principal Place of Business
**2295 GENESEA LANE
VERO BEACH, FL 32963**

Mailing Address
**2295 GENESEA LANE
VERO BEACH, FL 32963**

34000000



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0380471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUSAN C BURDETTE
2295 GENESEA LANE
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BURDETTE, G. M
STREET ADDRESS	13927 DOUBLETREE TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL

TITLE	DPST
NAME	BURDETTE, SUSAN
STREET ADDRESS	13927 DOUBLETREE TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL

TITLE	V
NAME	PROVINI FERDINAND
STREET ADDRESS	1933 STRATFORD WAY
CITY-ST-ZIP	WEST PALM BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. BURDETTE

3/18/04

Date

772 231-8750

Daytime Phone #