


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90147 022 \*\*\*150.00

DOCUMENT # P93000038461  
 1. Entity Name  
 G. BURNS PROPERTIES, INC.



Principal Place of Business  
 2801 ROSSELLE ST.  
 JACKSONVILLE, FL 32205

Mailing Address  
 2801 ROSSELLE ST.  
 JACKSONVILLE, FL 32205

**DO NOT WRITE IN THIS SPACE**

40051329



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3186032	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

BURNS, GEORGE R.  
 2875 GATLING BLVD  
 ORANGE PARK, FL 32065

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BURNS, GARY W.M. 2801 ROSSELLE ST. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURNS, GEORGE R 2801 ROSSELLE ST. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BURNS, CAROLYN J 2801 ROSSELLE ST. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

← New address  
 4119 Half Moon Circle  
 Middleburg FL 32068  
 for George R Burns

**DO NOT WRITE IN THIS SPACE**

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: George R Burns 3/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #