


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P93000038461 1. Entity Name G. BURNS PROPERTIES, INC.	
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Principal Place of Business 2801 ROSSELLE ST. JACKSONVILLE, FL 32205	Mailing Address 2801 ROSSELLE ST. JACKSONVILLE, FL 32205
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DO NOT WRITE IN THIS SPACE



01262008	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: *G. Burns* DATE: 3/7/08

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, 2008 Fee will be \$550.00

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

U00000855149
03/27/08-80035-013 150.00

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 4119 HALF MOON CIRCLE MIDDLEBURG, FL 32068
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	

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: *G. Burns* DATE: 3/7/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #