2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000063745

Address:

City-St-Zip:

5390 N LAKE BURKETT LN

WINTER PARK, FL 32792

Entity Name: BURMONT ENTERPRISES, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3856 ORANGE LAKE DR ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** 3856 ORANGE LAKE DR ORLANDO, FL 32817 FEI Number: 65-0531588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURR, BETTY S 3856 ÓRANGE LAKE DRIVE ORLANDO, FL 32817 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: BURR, BETTY S Name: 3856 ORANGE LAKE DR Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: MONTEZ, CINDY S Name: 5390 N LAKE BURKETT LN Address: Address: WINTER PARK, FL 32792 City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition BURR, WILLIAM D Name: Name: 3856 ORANGE LK DR Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: () Change () Addition MONTEZ, RAMIRO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: BETTY S. BURR PD 04/29/2009