2005 FOR PROFIT CORPORATION

2005 08:00 AM

	ANNUAL	REPORT		. y 1		2, 2005 08:00
	MENT # P94000071	587	STEEL STATE OF THE		Seci	retary of State
1. Entity Name MITCH BURLEY CONSTRUCTION, INC.						ı
		TO COMPANY OF THE PARTY OF THE	Copy HI 18			
Principal Plac	ce of Business	Mailing Address				
2240 LITHIA CENTRAL LANE Valrico, Fl. 33594 US		P.O. BOX 1592 Brandon, FL 33509 US				
						8)() (888) (188) 8((8) 183) (88) 80 (8)
				01052005	No Chg-P	CR2E034 (†Q/03)
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		Applied For
				59-3272	2595 of Status Desired	Not Applicable \$8.75 Additional
				5. Cermicale	or Status Desireu	Fee Required
	6. Name and Address of Current I	Registered Agent	A SAIN STREET	· mijiji sha	ogyppia og till en er	
MCDERMOTT, MICHAEL J				DO	NOT WF	RITE
791 W. LUMSDEN RD BRANDON, FL 33511					HIS SP/	•
				iiv i	THO OF	NCE
		The second secon				
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or register	ed agent, or both	h, in the State of Florid	la. I am familiar with, and accept
SIGNATURE.				·		<u> </u>
	Signature, typed or printed name of registered agent a	nd trie if applicable. (NOTE: Registers	ed Agent signature required	when reinstating)	<u></u>	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees	U000002 03/12/0 5 -8	60510 002 8- 006 150.00
10.	OFFICERS AND I	DIRECTORS .	3 mm 100 3 mm 1 mm 1 mm	,		
TITLE NAME	D BURLEY, B. MITCHELL					
STREET ADDRESS	106 LOCUST DRIVE			: • • •	** ** * * * * *	
CITY-ST-ZIP	BRANDON, FL 33511					
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TITLE NAME	D		is a maridal pa	innist Thean I		
NAME STREET ADDRESS	D BURLEY, ROSEMARIE 106 LOCUST DRIVE	· · · · · · · · · · · · · · · · · · ·				
NAME STREET ADDRESS GITY-ST-ZIP	D BURLEY, ROSEMARIE					
NAME STREET ADDRESS	D BURLEY, ROSEMARIE 106 LOCUST DRIVE	· · · · · · · · · · · · · · · · · · ·	i e mailide () i e mailide ()			
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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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-05 Date 813 684-2015 Dayline Phone #