

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093498

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: BURT INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

788 FOXHOUND DRIVE  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

788 FOXHOUND DRIVE  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

FEI Number: 59-3289118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURT, JAMES  
788 FOXHOUND DR  
PORT ORANGE, FL 32124 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: BURT, JAMES  
Address: 788 FOXHOUND DR  
City-St-Zip: PORT ORANGE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JAMES BURT

D

01/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date