


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000010287</b>		
1. Entity Name <b>BURNETT BUILDING SYSTEMS, INC.</b>		
Principal Place of Business <b>152 LOWELL RD WINTER HAVEN, FL 33884</b>		Mailing Address <b>P. O. BOX 135 WINTER HAVEN, FL 33882-0135</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BENNETT, BARRY W 60 SECOND ST WINTER HAVEN, FL 33880</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNETT, STANLEY D JR 152 LOWELL RD WINTER HAVEN, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNETT, JAY W 5065 VARTY RD WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNETT, BEULAH B 152 LOWELL RD WINTER HAVEN, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNETT, JOEL R 208 PARKSIDE DR. WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>S.D. Burnett</i></u> ( <b>S.D. Burnett, Jr., Pres.</b> ) <u>3/4/05</u> <u>863 324-1710</u>		



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3294031** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

U000000256819  
03/09/05-80028-023 158.75