

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000010287

1. Entity Name

BURNETT BUILDING SYSTEMS, INC.



Principal Place of Business

152 LOWELL RD
WINTER HAVEN FL 33884

Mailing Address

P. O. BOX 135
WINTER HAVEN FL 33882-0135



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3294031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, BARRY W
106 AVENUE F, SW
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature Typed or Printed Name of Registered Agent and Title (if applicable)

(NOTE: Registered Agent Signature Required when reconstituting)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	BURNETT, STANLEY D JR	
STREET ADDRESS	152 LOWELL RD	
CITY-STATE-ZIP	WINTER HAVEN FL 33884	
TITLE	PD3	<input type="checkbox"/> Delete
NAME	BURNETT, JAY W	
STREET ADDRESS	5065 VARTY RD	
CITY-STATE-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNETT, BEULAH B	
STREET ADDRESS	152 LOWELL RD	
CITY-STATE-ZIP	WINTER HAVEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURNETT, WENDY L	
STREET ADDRESS	5065 VARTY RD	
CITY-STATE-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wendy Burnett

Wendy Burnett

2/14/08

863)412-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #