

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000004039 1. Entity Name BUR CONSULTING, INC.	
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Principal Place of Business 29448 AZALEA LANE WESLEY CHAPEL, FL 33543	Mailing Address 29448 AZALEA LANE WESLEY CHAPEL, FL 33543
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01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3356013	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRIGGS, WILLIAM E 29448 AZALEA LANE WESLEY CHAPEL, FL 33543

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS BRIGGS, WILLIAM E 29448 AZALEA LANE WESLEY CHAPEL, FL
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01/12/06-60036-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William E. Briggs* 1/9/06 813-973-0546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #