

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000001608

1. Entity Name  
BURTON ELECTRIC, INC.



Principal Place of Business  
8844 RIDGE ROAD  
SEMINOLE, FL 33772

Mailing Address  
8844 RIDGE ROAD  
SEMINOLE, FL 33772



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3418856

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BURTON, LUANN  
8844 RIDGE ROAD  
LARGO, FL 33773

**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: Lu Ann Burton LuAnn Burton SV 3-9-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U010000/P31241  
03/12/05-80016-025 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BURTON, BRIAN  
STREET ADDRESS 8844 RIDGE ROAD  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE SV  
NAME BURTON, LUANN  
STREET ADDRESS 8844 RIDGE ROAD  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Lu Ann Burton LuAnn Burton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-05 727-393-4502  
Date Daytime Phone #