

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90003 028 ***150.00

DOCUMENT # P97000021961

1. Entity Name

ROBERT G. BURTON, INC.



Principal Place of Business

1555 N TAMIAMI TRAIL
#30
N FORT MYERS FL 33918

Mailing Address

1555 N TAMIAMI TRAIL
#30
N FORT MYERS FL 33918



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

1927 N.E. 7th PL.

3. Mailing Address

1927 N.E. 7th PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

59-3432813

Applied For

Not Applicable

Zip

33909

Country

USA

Zip

33909

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURTON, ROBERT G
1555 N TAMIAMI TRAIL #30
N FORT MYERS FL 33918

7. Name and Address of New Registered Agent

Name ROBERT G. BURTON

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

1927 N.E. 7th PL.

City

CAPE CORAL

FL

Zip Code

33909

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

Robert G. Burton

2-18-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BURTON, ROBERT G	
STREET ADDRESS	1555 N. TAMAIMI TRAIL #30	
CITY-ST-ZIP	N FORT MYERS FL 33918	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT G. BURTON	
STREET ADDRESS	1927 N.E. 7th PL.	
CITY-ST-ZIP	CAPE CORAL, FL. 33909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert G. Burton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

Date

239-281-5901

Daytime Phone #