


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90195 036 \*\*\*150.00

<b>DOCUMENT # P97000032650</b>	
1. Entity Name <b>BURNSIDE ENTERPRISES SERVICES, INC.</b>	

Principal Place of Business <b>4650 BAY BLVD. UNIT #1015 PORT RICHEY, FL 34668</b>	Mailing Address <del>JULIAN B &amp; LIDIA BURNSIDE</del> <b>4650 BAY BLVD., UNIT 1015 PORT RICHEY, FL 34668</b>
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2. Principal Place of Business  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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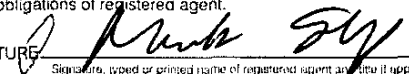
**14004815**  
  
04252005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3437490</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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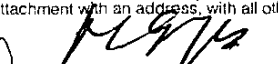
6. Name and Address of Current Registered Agent  <b>BURNSIDE, JULIAN B 4650 BAY BLVD., #1015 PORT RICHEY, FL 34668</b>	
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7. Name and Address of New Registered Agent  Name <b>Stys, Mark</b> Street Address (P.O. Box Number is Not Acceptable) <b>6833 Acacia Ct.</b> City <b>Port Richey</b> FL Zip Code <b>34668</b>	
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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 <b>4/26/05</b>	
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<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>BURNSIDE, JULIAN B</del> 4650 BAY BLVD., #1015 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Stys, Mark 6833 Acacia Ct. Port Richey, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BURNSIDE, LIDIA 4650 BAY BLVD., #1015 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Mark Stys - President</b>	Date <b>4-25-05</b> Time <b>727-846-0383</b>