2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005
Secretary of State

DOCUMENT# P97000034987

Entity Name: BURCAW & ASSOCIATES, INC.

Current Principal Place of Business:

6402 W. LINEBAUGH AVENUE
SUITE #A
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

6402 W. LINEBAUGH AVENUE
SUITE #A
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 59-3440803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURCAW, LAURIE
3440 CRENSHAW LAKE ROAD
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: BURCAW, LAURIE S
Address: 3440 CRENSHAW LAKE ROAD
City-St-Zip: LUTZ, FL 33548

Title: V ( ) Delete
Name: COMPO, MATTHEW
Address: 3810 W. PALMIRA AVENUE
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete
Name: SUTTON, SCOTT L
Address: 23715 ESTERO CT.
City-St-Zip: LAND O LAKES, FL 34639

Title: AS ( ) Delete
Name: AMY, BURCAW
Address: 1915 REBECCA ROAD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT L. SUTTON S 02/23/2005

Electronic Signature of Signing Officer or Director Date