


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000047214
 1. Entity Name
D.H. BURDETTE & ASSOCIATES, INC.



Principal Place of Business
 11924 W FOREST HILL BLVD
 SUITE S-22
 WELLINGTON, FL 33414

Mailing Address
 11924 W FOREST HILL BLVD
 SUITE S-22
 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0758856

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURDETTE, DENVER H
12975 KINGS DALE LN
WELLINGTON, FL 33414

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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 _____
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, 2004 Fee will be \$550.00

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

UDD000160632
 05/17/04-80007-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BURDETTE, DENVER H JR.
STREET ADDRESS	12975 KINGS DALE LN
CITY - ST - ZIP	WELLINGTON, FL 33414
TITLE	VS
NAME	BURDETTE, KAREN
STREET ADDRESS	12975 KINGS DALE LN
CITY - ST - ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Burdette
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 561-798-5359
 Date Daytime Phone #