

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000086499

1. Entity Name GREGORY N. BURNS, P.A.



Principal Place of Business

2100 MCGREGOR BOULEVARD FT MYERS, FL 33901

Mailing Address

PO BOX 2194 FT MYERS, FL 33902

FILED

Mar 24, 2004 08:00 AM Secretary of State

03182004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0790652 Applied For Not Applicable

5. Certificate of Status Desired 🔔 🔲

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BURNS, GREGORY N 2100 MCGREGOR BLVD. FORT MYERS, FL 33901			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					
Signature, typod or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			U00000095542 03/24/04-80035-025 150.00
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURNS, GREGORY N 2100 MCGREGOR BOULEVARD FT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, GREGORY N 2100 MCGREGOR BOULEVARD FT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, ,	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.) [unther certify that the information indicated on this report or supplemental report is true and accurate and that my singeture shall have the same legal effect self-made under certify that I am an officer or director.					

Thereby certify that the information supplied with this him goods not qualify for the exemption stated in Section 119.07(3)(i), ronds statutes, I jurgler certify that the information indicated on this 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 TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIRECTO

3/20/04

239-334-7107

Daytime Phone It