## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P9700008649 RY N. BURNS, P.A.	9			) · · · · · · · · · · · · · · · · · · ·	ecretary of State
_	EGOR BOULEVARD P	alling Address O BOX 2194 TMYERS, FL 33902			-	
 				<u> </u>		
DO NOT WRITE IN THIS SPACE				02192005  4. FEI Number 65-079	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. 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, typed or printed name of registered again and the first applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. TITLE	OFFICERS AND DIRECT	TORS	==.,:			
NAME STREET ADDRESS CITY+ST-ZIP	BURNS, GREGORY N 2100 MCGREGOR BOULEVARD FT MYERS, FL 33901				10111	ກົກັລຊ <b>97</b> 61
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, GREGORY N 2100 MCGREGOR BOULEVARD FT MYERS, FL 33901				02/23/00 	00239761 5-80003-009 150.00
TITLE NAME					<del></del>	
STREET ADDRESS CITY-5T-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u></u>	IN 7	THIS SF	PACE
TITLE	,				<del></del>	
NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				
12. I hereby certify that the information supplied with this filling 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 AND EYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR