


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90034 024 ***150.00

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**

2. Principal Place of Business - No P.O. Box #
2709 Swamp Cabbage Court
 Suite, Apt. #, etc.
202

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Ft. Myers, FL

City & State

Zip
33901

Country
USA

Zip
 Country

40040503



03012008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0790652

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNS, GREGORY N
 2100 MCGREGOR BLVD.
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2709 Swamp Cabbage Court

City **Ft. Myers** **FL** Zip Code **33901**

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: *Gregory N. Burns* DATE: 3/1/08

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT BURNS, GREGORY N 2100 MCGREGOR BOULEVARD FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2709 Swamp Cabbage Court Ft. Myers, FL 33901 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, GREGORY N 2100 MCGREGOR BOULEVARD FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2709 Swamp Cabbage Court Ft. Myers, FL 33901 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: *Gregory N. Burns / Gregory N. Burns* DATE: 3/1/08 DAYTIME PHONE #: 239-334-7107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #