2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

03-22-2004 90024 050 ***150.00

DOCUMENT # P98000018838 BURNLEY PROPERTIES, INC. Principal Place of Business Mailing Address 54020201 6101 MARINA DRIVE **6101 MARINA DRIVE** HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 2. Principal Place of Business 3. Mailing Address P98000018838P) Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (10/03) 03092004 City & State City & State 4. FEI Number Applied For 65-0825309 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, GARRET T Street Address (P.O. Box Number is Not Acceptable) 3119 MANATEE AVENUE WEST BRADENTON, FL 34205 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent stageture required when rejustating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPTS** Change ☐ Addition THE BHE Delete NAME BURNLEY, WILLIAM NAME 8011 18TH AVE W BRADENTON FL 34JU9 1232 SPOONBILL LANDING CIRCLE STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP BRADENTON, FL 34209 CITY-ST-7IP TITLE TITLE ☐ Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete THEF Change NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 trusted 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 appears. Whi all other like empowered.

SIGNATURE: _

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

941-778 6066