

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90023 016 ***150.00

DOCUMENT # P98000057623

1. Entity Name

BURNT STORE PARTNERS, INC.



Principal Place of Business

3240 SO. SHORE DR., #43C
PUNTA GORDA, FL 33955

Mailing Address

3240 SO. SHORE DR., #43C
PUNTA GORDA, FL 33955

NEW ADDRESS enclosed



08222007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0846771

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVENDOSKY, LISA J
3240 SO. SHORE DR., #43C
PUNTA GORDA, FL 33955

**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

Lisa J. Levendofsky

8/21/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when certifying)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVENDOSKY, LISA J
STREET ADDRESS	3240 SOUTH SHORE DRIVE, #43C
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa J. Levendofsky

8/21/07

ATTACHMENT

MY NEW ADDRESS:

BURNT STORE PARTNERS, INC.
16500 BURNT STORE ROAD
SUITE #103
PUNTA GORDA, FLORIDA 33955

40130535

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