2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 05, 2004 08:00 AM Secretary of State **DOCUMENT # P99000038351** D. BÚRNS CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 682 P.O. BOX 682 GOTHA, FL 34734 GOTHA, FL 34734 02192004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3577972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, RONALD J II 50 N. LAURA ST. **SUITE 3150** JACKSONVILLE, FL 32202 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 agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE U0000000780<u>8</u>2 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 03/08/04-80013-013 150.00 10. OFFICERS AND DIRECTORS TITLE NAME BURNS, DON PO BOX 682 STREET ADDRESS CITY-ST-ZIP **GOTHA, FL 34734** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP mı NAME STREET ADDRESS 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 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 or an attachment with an address, with all part like exposured.

FILED