## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # P99000050722 1. Entity Name BURSEL ENTERPRISES INC. Principal Place of Business Mailing Address 3258 SOUTHFIELD LANE 3258 SOUTHFIELD LANE SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato Applied For City & State 4. FEI Numbor 65-0933125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURSEL, JOSEPH S Street Address (P.O. Box Number is Not Acceptable) 3258 SOUTHFIELD LANE SARASOTA FL 34239 Zip Code 8. The above named only 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 it applicable. DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLL Delete HILLE Addition BURSEL, JOSEPH S NAME NAME 3258 SOUTHFIELD LANE STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-7(P 04/11/07-80062-003 150.00 TITLE 🔲 Delele HILLE 🔲 Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-71P TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+SI-ZIP CITY-SI-ZIP ☐ Delete HHE Change Addition HILE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition THE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE: JOSEPH S BURSEL 4/2/07 941-924-4382

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.