2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000077419

1. Entity Name
BURNETT'S GENERAL CONTRACTING, INC.

Principal Place of Business	Mailing Address
152 SE 19 TERRACE	152 SE 19 TER
CAPE CORAL, FL 33990	CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

03042004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0946041	Not Applicable

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

6. Name and Address of Current Registered Agent

BURNETT, KARRIE
152 SE 19 TERR
CAPE CORAL, FL 33990

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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 _Karrie Burnett_   3-4-04

Signature, typed or printed name of registered agent and title if applicable   (NOTE, Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BURNETT, GLENN
STREET ADDRESS	152 SE 19 TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	VP
NAME	BURNETT, KARRIE
STREET ADDRESS	152 SE 19 TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _Karrie Burnett_   3-4-04

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