

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P99000107191

1. Entity Name

KAREN BURNS SUPPORT SERVICES, INC.



**FILED  
Apr 17, 2007 8:00 am  
Secretary of State**

04-17-2007 90052 009 \*\*\*150.00



Principal Place of Business 499 KIELB RD. BUNNELL FL 32110		Mailing Address 499 KIELB RD. BUNNELL FL 32110	
2. Principal Place of Business - No P.O. Box # 2161 Toco Terrace		3. Mailing Address 2161 Toco Terrace	
Suite, Apt. #, etc. St Augustine FL		Suite, Apt. #, etc. St Augustine FL	
City & State Zip 32092		City & State Zip 32092	
6. Name and Address of Current Registered Agent  BURNS, KAREN P 499 KIELB RD BUNNELL FL 32110		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL 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. 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 changing)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
NAME STREET ADDRESS CITY ST ZIP	D BURNS, KAREN P 499 KEILB RD. BUNNELL FL 32110	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 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

Karen P Burns 4/9/07 904-827-1775

Date

Daytime Phone #