2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 08:00 A Secretary of State

DOCUMENT # V20794 1. Entity Name BURT LEASING CORPORATION				Secretary of S			
1	PRESS PK LN	Mailing Address 6461 GARDEN ROAD RIVIERA BEACH, FL 33404			IB MANI BETTE BERNE MENN	1 81811 81811 81817 87 817 8181	il auditaa i 31 183 5
DO NOT WRITE IN THIS SPA			^E	02292008 No Chg-P CR2E034 (11/05)			
L	JU NUI WHIIE I	N I IIIS SPA	CE	4. FEI Numb 65-032			Applied For Not Applicable
				5. Certificate	e of Status Desired	□ \$8.75 Fee Requ	Additional uired
	6. Name and Address of Current Reg	Istered Agent		L			
SCHNEIDER, JOHN C. 440 ROYAL PALM WAY SUITE 203 PALM BEACH, FL 33480			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. Lam familiar with, and accept				
the obliga	tions of registered agent	pulpose of changing to registers	ad Olivor of Tagliston	au agont, or so	us, in the State of Fig.	nga. Fan Janina 🕶	III, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and titl	le if applicable (NOTE Registere-	d Agent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	9. Election Campaign Financing \$5. Trust Fund Contribution. Add		U00000850614 03/25/08-80006-004 150.00		
10.	OFFICERS AND DIRE	ECTORS .		,			
TITLE NAME	D BELL, STEVEN M.						
STREET ADDRESS							
CITY-ST-ZIP	RIVIERA BEACH, FL 33404						
TITLE			1				
NAME ATTECT LEGISCO			•				
STREET ADDRESS CITY-ST-21P					•		
7171.5	 		1				
TITLE							

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:

CITY-ST-ZIP TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR

3/1/08 (561) 744.028