


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # V62953
 1. Entity Name
S&J BURGESS ENTERPRISES, INC.



Principal Place of Business Mailing Address
14773 69TH DRIVE NORTH **14773 69TH DRIVE NORTH**
PALM BEACH GARDENS, FL 33418 **PALM BEACH GARDENS, FL 33418** **US** **US**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0368878 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BURGESS, SHIRLEY
14773 69TH DRIVE NORTH
PALM BEACH GARDENS, FL 33418

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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 except the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000400786
 02/02/06-80018-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURGESS, SHIRLEY
STREET ADDRESS	14773 69TH DRIVE NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	BURGESS, GERALD
STREET ADDRESS	14773 69TH DRIVE NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S
NAME	CULP, CINDY
STREET ADDRESS	8898 115TH PLACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Shirley Burgess 1/21/06 561-626-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #