

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H70292

**Entity Name:** DON BURNS INSURANCE, INC.

**Current Principal Place of Business:**

% DON H. BURNS  
1765 MANATEE COURT  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

% DON H. BURNS  
1765 MANATEE COURT  
MERRITT ISLAND, FL 32952 UN

**FEI Number:** 59-2566224

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURNS, DON H  
1765 MANATEE COURT  
MERRITT ISLAND, FL 32952 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BURNS, DON H.  
Address 1765 MANATEE COURT  
City-State-Zip: MERRITT ISLAND FL 32952

Title D  
Name BURNS,, ANGELA D  
Address 1765 MANATEE COURT  
City-State-Zip: MERRITT ISLAND FL 32952

Title VP  
Name BURNS, BRET C  
Address 480 SAIL LANE #107  
City-State-Zip: MERRITT ISLAND FL 32953

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DON H. BURNS

**PRESIDENT**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date