

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 306773

FILED
Jan 25, 2007
Secretary of State

Entity Name: BURKHALTER WRECKING INC

Current Principal Place of Business:

2476 KINGS ROAD
POBOX 2407
JACKSONVILLE, FL 32203

New Principal Place of Business:

2476 KINGS ROAD
JACKSONVILLE, FL 32209

Current Mailing Address:

2476 KINGS ROAD
POBOX 2407
JACKSONVILLE, FL 32203

New Mailing Address:

2476 KINGS ROAD
JACKSONVILLE, FL 32209

FEI Number: 59-1147495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURKHALTER, PETER J
2476 KINGS RD.
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

BURKHALTER, PETER J DPT
2476 KINGS RD.
JACKSONVILLE, FL 32209 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: PETER J BURKHALTER

01/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BURKHALTER, MARTHA H,
Address: 1704 MEMORY LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: BURKHALTER, HOWARD E, . JR
Address: 5895 SHEFFIELD ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: DPT () Delete
Name: BURKHALTER, PETER J.,
Address: 1405 JEAN CT
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER J BURKHALTER

DPT

01/25/2007

Electronic Signature of Signing Officer or Director

Date