

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 306773

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** BURKHALTER WRECKING INC

**Current Principal Place of Business:**

2476 KINGS ROAD  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

2476 KINGS ROAD  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**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 DPT  
2476 KINGS RD.  
JACKSONVILLE, FL 32209 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** SD  
**Name:** BURKHALTER, MARTHA H  
**Address:** 1704 MEMORY LANE  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

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

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

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:** PETER J. BURKHALTER

DPT

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date