

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # 350116

1. Entity Name

BURKHARDT DISTRIBUTING COMPANY, INC.



Principal Place of Business

3935 INMAN RD.
SAINT AUGUSTINE, FL 32084 US

Mailing Address

PO BOX 438
ST AUGUSTINE, FL 32085 US



02202007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-1268710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURKHARDT, MARIAN A.
3935 INMAN RD.
ST AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BURKHARDT, BROOKES T
STREET ADDRESS 3935 INMAN RD.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE C
NAME BURKHARDT, MARIAN A
STREET ADDRESS 3935 INMAN RD.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE VPST
NAME BURKHARDT, DANIEL
STREET ADDRESS 6125 NW 18TH DR
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/07 (904) 82