


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 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
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DO NOT WRITE IN THIS SPACE

02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1268710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

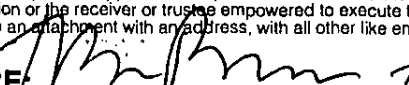
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000901988 04/29/08-80092-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	BURKHARDT, BROOKES T
NAME	3935 INMAN RD.
STREET ADDRESS	SAINT AUGUSTINE, FL 32084
CITY-ST-ZIP	
TITLE C	BURKHARDT, MARIAN A
NAME	3935 INMAN RD.
STREET ADDRESS	SAINT AUGUSTINE, FL 32084
CITY-ST-ZIP	
TITLE VPST	BURKHARDT, DANIEL
NAME	6125 NW 18TH DR
STREET ADDRESS	GAINESVILLE, FL 32653
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:  **T. Brookes Burkhardt** **4/15/08 (9:4) 829-3008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #