

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90048 004 ***150.00

DOCUMENT # 444214 1. Entity Name BURKE FARMS, INC.			
Principal Place of Business 4548 SPRINGVIEW CIRCLE 170 N. Elm LABELLE FL 33935		Mailing Address 4548 SPRINGVIEW CIRCLE 170 N. Elm LABELLE FL 33935	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 	
Suite, Apt. #, etc. 170 N. Elm St.		Suite, Apt. #, etc. 170 N. Elm St.	
City & State La Belle, FL		City & State La Belle, FL	
Zip 33935	Country USA	Zip 33935	Country USA
6. Name and Address of Current Registered Agent BURKE, WILLIAM C 4548 SPRINGVIEW CIRCLE 170 N. Elm St. LABELLE FL 33935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURKE, LEON D 2740 NW 16TH STREET BELLE GLADE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCGILL, MARY B 3566 BLACKJACK COURT LAKE WALES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BURKE, WILLIAM C 4548 SPRINGVIEW CIRCLE LABELLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD William C. Burke 170 North Elm Street La Belle, FL 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wm. C. Burke - William C. Burke STD 1-27-07 863-675-0381 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			



1st MOORE CR2E034 (10/06)

4. FEI Number **59-1579481** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required