2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 484922

1. Entity Name
BURKHARDT CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1400 ALABAMA AVENUE #20 WEST PALM BEACH, FL 33401	1400 ALABAMA AVENUE #20 WEST PALM BEACH, FL 33401

04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1622522

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURKHARDT, VINCENT G
1400 ALABAMA AVENUE #20
WEST PALM BEACH,,FL, FL 33402

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PTD
NAME	BURKHARDT, VINCENT G
STREET ADDRESS	1400 ALABAMA AVE.#20
CITY-ST-ZIP	W. PALM BCH. FL,
TITLE	VDS
NAME	BURKHARDT, SHARON H
STREET ADDRESS	1400 ALABAMA AVE., #20
CITY-ST-ZIP	W.PALM BCH., FL
TITLE	VD
NAME	HAYNES, DENNIS E
STREET ADDRESS	1400 ALABAMA AVE #20
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/07-80073-003 158.75

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: Sharon J. Burkhardt, Sharon H. Burkhardt 4/16/07 561 659-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #