


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90025 024 \*\*\*150.00

DOCUMENT # 532953 1. Entity Name JOHN L. BURKHEAD, INC.	
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Principal Place of Business 6100 TRAVIS BYNUM RD PO BOX 666 JAY, FL 32565	Mailing Address 6100 TRAVIS BYNUM RD PO BOX 666 JAY, FL 32565
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50017071



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1738524	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BURKHEAD, JOHN L <del>200</del> PITNIC RD 5188 PO BOX 666 JAY, FL 32565
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**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: John L Burkhead John L Burkhead 2-14-05  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURKHEAD SR, JOHN L <del>200</del> PITNIC RD, POB 666 5188 JAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VM BURKHEAD JR, JOHN L 6150 TRVS BYNM RD BX 666 JAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BURKHEAD, EUVAUGHN <del>200</del> PITNIC RD, POB 666 5188 JAY, FL
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 exemption stated in Section 119.07(3)(i), 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: John L Burkhead SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_