2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# 570829

Entity Name: BURKHART SERVICES, INCORPORATED

Current Principal Place of Business:

6917 VISTA PARKWAY NORTH
SUITE 6
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

6917 VISTA PARKWAY NORTH
SUITE 6
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 59-1822045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKHART, JOSPEH P SR
700 N.E. BAY ISLE DRIVE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURKHART, JOSEPH P.,, SR
Address: 700 N.E. BAY ISLE DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: VD ( ) Delete
Name: BURKHART, MARY T.,
Address: 700 N.E. BAY ISLE DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: T ( ) Delete
Name: BURKHART, PATRICK J,
Address: 22077 MARTELLA AVE
City-St-Zip: BOCA RATON, FL 33433

Title: V ( ) Delete
Name: STEVENS, BURTON W.,
Address: 1906 SW AMARILLO LANE
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete
Name: STEVENS, KATHLEEN T.,
Address: 1906 SW AMARILLO LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN STEVENS S 05/02/2008

Electronic Signature of Signing Officer or Director Date