

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 570829

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**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:**

STEVENS, BURTON W  
6917 VISTA PARKWAY NORTH  
#6  
WEST PALM BEACH, FL 33411 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURKHART, PATRICK  
Address: 22077 MARTELLA AVE.  
City-St-Zip: BOCA RATON, FL 33433

Title: ST  
Name: STEVENS, KATHLEEN  
Address: 1906 SW AMARILLO LN  
City-St-Zip: PALM CITY, FL 34990

Title: 2VP  
Name: BURKHART, WILLIAM  
Address: 209 FT. LAUDERDALE BEACH BLVD #5-C  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VP  
Name: STEVENS, BURTON W  
Address: 1906 SW AMARILLO LANE  
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN STEVENS

ST

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date