


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State


03-27-2008 90029 045 ***150.00

DOCUMENT # 604692	
1. Entity Name BURKE BLUE HUTCHISON WALTERS & SMITH, P.A.	

Principal Place of Business 221 MCKENZIE AVENUE PANAMA CITY, FL 32401	Mailing Address 221 MCKENZIE AVENUE PANAMA CITY, FL 32401
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40052300



03192008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1492119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURKE, LES W. 221 MCKENZIE AVENUE PANAMA CITY, FL 32401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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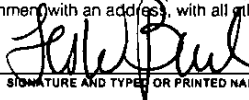
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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:  **Les W. Burke, President** **3/26/08** **(850) 769-1414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40052530

#604692

Additions/Changes to Officers and Directors in 11:

Title: PD
Name: Les W. Burke
Street Address: 221 McKenzie Avenue
City, State, Zip: Panama City, FL 32401

Title: VD
Name: M. Todd Burke
Street Address: 221 McKenzie Avenue
City, State, Zip: Panama City, FL 32401

Title: VD
Name: William S. Henry
Street Address: 221 McKenzie Avenue
City, State, Zip: Panama City, FL 32401

Title: VD
Name: Denise H. Rowan
Street Address: 221 McKenzie Avenue
City, State, Zip: Panama City, FL 32401

Title: VD
Name: William C. Henry
Street Address: 221 McKenzie Avenue
City, State, Zip: Panama City, FL 32401