

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626396

FILED
Jan 21, 2005
Secretary of State

Entity Name: BURKHARD'S TRACTOR & EQUIPMENT, INC.

Current Principal Place of Business:

4180 S UNIVERSITY DR.
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4180 S UNIVERSITY DR.
DAVIE, FL 333283006

New Mailing Address:

FEI Number: 59-1923417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURKHARD, RICHARD
4180 S. UNIVERSITY DR.
DAVIE, FL 33328 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: PT () Delete
Name: BURKHARD, RICHARD
Address: 1067 N.W. 157TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPS () Delete
Name: BURKHARD, DOUGLAS,
Address: 1067 NW 157TH AVE
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: RICHARD BURKHARD

PT

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date