


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT# F07000005511

1. Entity Name
BURKES MECHANICAL, INC.



Principal Place of Business Mailing Address

**#2 INDUSTRIAL RD.
 BRENT, AL 35034** **#2 INDUSTRIAL RD.
 BRENT, AL 35034**

DO NOT WRITE IN THIS SPACE



05212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
63-0934099 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000952386
 05/04/08-20078-010 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BURKES, HERBIE E JR. 201 DEERHAVEN DR. CENTERVILLE, AL 35042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST BURKES, HERBIE E SR. 201 DEERHAVEN DR. CENTERVILLE, AL 35042
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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: *Herbie E. Burk* **5/20/08** **205-926-5847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Herbie E Burk