2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 27, 2008 08:00 AN Secretary of State DOCUMENT # F07000005511 BURKES MECHANICAL, INC. Principal Place of Business Mailing Address #2 INDUSTRIAL RD. #2 INDUSTRIAL RD. **BRENT, AL 35034 BRENT, AL 35034** 05212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0934099 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE BURKES, HERBIE E JR. NAME 201 DEERHAVEN DR. STREET ADDRESS CITY+ST-ZIP CENTERVILLE, AL 35042 VCST TITLE BURKES, HERBIE E SR. NAME 201 DEERHAVEN DR. STREET ADDRESS CENTERVILLE, AL 35042 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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:

STREET ADDRESS
CITY-ST-ZIP

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/08

205-926-5847

Daytime Phone #

FILED