

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006019

1. Entity Name
BURK-KLEINPETER, INC.



Principal Place of Business
**4176 CANAL STREET
NEW ORLEAS, LA 70119**

Mailing Address
**4176 CANAL STREET
NEW ORLEAS, LA 70119**



05042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1175112

Applied For
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BURK, WILLIAM R III
4176 CANAL STREET
NEW ORLEANS, LA 70119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KLEINPETER, GEORGE C
4176 CANAL STREET
NEW ORLEANS, LA 70119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ARMBRUSTER, JAMES W
4176 CANAL STREET
NEW ORLEANS, LA 70119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, MICHAEL L
4176 CANAL STREET
NEW ORLEANS, LA 70119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BADON, BRUCE L
4176 CANAL STREET
NEW ORLEANS, LA 70119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GIARDINA, J.W. "BILL" JR.
4176 CANAL STREET
NEW ORLEANS, LA 70119**

U00000364894

05/09/05-80014-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 4, 2005

Date

504.486.5901

Daytime Phone #