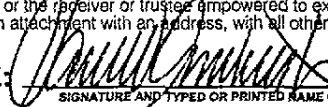


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 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	
DO NOT WRITE IN THIS SPACE		
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 reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JAMES W ARMBRUSTER 4/10/06 504-486-5901 Date Daytime Phone #



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1175112	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

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04/29/06-80023-007 158.75^M

**DO NOT WRITE
IN THIS SPACE**