

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90026 026 ***150.00

DOCUMENT # H47851

1. Entity Name

BURKE BUILDERS, INC.



Principal Place of Business

750 N. ATLANTIC AVE
APT-308
COCOA BEACH FL 32931
US

Mailing Address

750 N. ATLANTIC AVE
APT-308
COCOA BEACH FL 32931
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

APT #C-304
3611 S. BANANA RIVER BLVD.

Suite, Apt. #, etc.

APT #C-304
3611 S. BANANA RIVER BLVD.

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip

32931

Country

BREVARD

Zip

32931

Country

BREVARD



MOORE

CR2E034 (11/03)

4. FEI Number

59-2489893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, MATTHEW T
750 N. ATLANTIC AVE #308
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3611 S. BANANA RIVER BLVD #C-304

City

FL

Zip Code

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

Matthew T. Burke

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

(NOTE: Registered Agent signature required when reinstating)

1/29/14

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURKE, MATTHEW T.	
STREET ADDRESS	750 N. ATLANTIC AVE #308	
CITY-ST-ZIP	COCOA BEACH FL 32931	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BURKE, ROBERT V.	
STREET ADDRESS	750 N. ATLANTIC AVE #308	
CITY-ST-ZIP	COCOA BEACH FL 32931	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3611 S. BANANA RIVER BLVD. #C-304	
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3611 S. BANANA RIVER BLVD #C-304	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Matthew T. Burke - Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/14

Date

(321)868-6996

Daytime Phone #