

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90076 030 ***150.00

DOCUMENT # L42159

1. Entity Name

BURKETT ADVERTISING ASSOCIATES, INC.



Principal Place of Business

C/O CYNTHIA A. BURKETT
537-BROOKWOOD LANE
MAITLAND FL 32751
US

Mailing Address

C/O CYNTHIA A. BURKETT
537-BROOKWOOD LANE
MAITLAND FL 32751
US



2. Principal Place of Business

322 N. Riverside Dr.

Suite, Apt. #, etc.

3. Mailing Address

322 N. Riverside Dr.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Edgewater, FL

City & State

Edgewater, FL

4. FEI Number

59-2990249

Applied For

Not Applicable

Zip

32132

Country

USA

Zip

32132

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKETT, CYNTHIA A.
537-BROOKWOOD LANE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Burkett, Cynthia A.

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

322 Riverside Drive

City

Edgewater

FL

Zip Code

32132

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

Cynthia Burkett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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	BURKETT, CYNTHIA A.	
STREET ADDRESS	537 BROOKWOOD LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 exemptions contained in Section 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:

Cynthia Burkett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06 386-428-6580

Date

Daytime Phone #