

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90001 009 \*\*\*550.00

**DOCUMENT # P02000004590**

1. Entity Name  
**STEVEN R. BURK, P.A.**



Principal Place of Business  
**7805 SW 6 COURT  
PLANTATION, FL 33324 US**

Mailing Address  
**1707 E. MINNESOTA AV.  
DELAND, FL 32724 US**

**50001792**



2. Principal Place of Business - No P.O. Box # **211 EAST RICH AVE** 3. Mailing Address **211 EAST RICH AVE**  
Suite, Apt. #, etc.

06062007 Chg-P CR2E034 (12/06)

City & State **DELAND FL** City & State **DELAND FL**  
Zip **32724** Country **USA** Zip **32724** Country **USA**

4. FEI Number **27-0002857** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BURK, STEVEN R  
1707 E. MINNESOTA AV.  
DELAND, FL 32724**

**7. Name and Address of New Registered Agent**

Name **BURK, STEVEN R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**211 EAST RICH AVENUE**  
City **DELAND FL** Zip Code **32724**

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 **STEVEN R. BURK** **8/27/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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	D BURK, STEVEN R 7805 SW 6 COURT PLANTATION, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURK, STEVEN R. 211 EAST RICH AVENUE DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**STEVEN R. BURK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/07 386-738-9320**  
Date Daytime Phone #