

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90160 048 ***150.00

DOCUMENT # P02000030812

1. Entity Name
MICHAEL B. BURKE ENTERPRISES, INC.



Principal Place of Business
**3314 THOMAS BUTLER DR.
TALLAHASSEE, FL 32308**

Mailing Address
**9076 OLD ST. AUGUSTINE RD
TALLAHASSEE, FL 32311**

2. Principal Place of Business - No P.O. Box #

**9076 Old St. Augustine Rd
Suite, Apt. #, etc.
Tallahassee, FL**

3. Mailing Address

**9076 Old St. Augustine Rd
Suite, Apt. #, etc.**

City & State
32311

City & State

Zip

Country

Zip

Country

01162007

Chg-P

CR2E034 (12/06)

4. FEI Number

03-0426398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURKE, TRACI
9076 OLD ST. AUGUSTINE RD
TALLAHASSEE, FL 32311**

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BURKE, MICHAEL B
STREET ADDRESS ~~9076 OLD ST. AUGUSTINE RD~~
CITY - ST - ZIP TALLAHASSEE, FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9076 Old St. Augustine Road**
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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

Michael B. Burke

4-11-07

850-877-0335

Date

Daytime Phone #