

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90088 029 \*\*\*158.75

DOCUMENT # P03000056811

1. Entity Name

BURKARD MARINE, INC.



Principal Place of Business

12452 RIVER REACH DR  
NAPLES FL 34104

Mailing Address

12452 RIVER REACH DR  
NAPLES FL 34104

2. Principal Place of Business

8351 Laurel Lakes Blvd.

3. Mailing Address

8351 Laurel Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL.

City & State

Naples, FL.

4. FEI Number

57169302

Applied For

Not Applicable

Zip

34119

Country

U.S.

Zip

34119

Country

U.S.

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

BURKARD, CHRISTOPHER  
12452 RIVER REACH DR  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name: Burkard, Christopher  
Street Address (P.O. Box Number is Not Acceptable)  
8351 Laurel Lakes Blvd.  
City: Naples FL Zip Code: 34119

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

Christopher G. Burkard Christopher G. Burkard

01/29/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$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 DPT ☐ Delete  
NAME BURKARD, CHRISTOPHER  
STREET ADDRESS 12452 RIVER REACH DR  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition  
NAME Burkard Christopher  
STREET ADDRESS 8351 Laurel Lakes Blvd.  
CITY-ST-ZIP Naples, FL. 34119

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: Christopher G. Burkard Christopher G. Burkard

01/29/04

239-253-3670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #