


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000056811 1. Entity Name BURKARD MARINE, INC.	
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Principal Place of Business 8351 LAUREL LAKES BLVD NAPLES, FL 34119	Mailing Address 8351 LAUREL LAKES BLVD NAPLES, FL 34119
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**DO NOT WRITE IN THIS SPACE**



03182007 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1169302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BURKARD, CHRISTOPHER  
8351 LAUREL LAKES BLVD  
NAPLES, FL 34119

**DO NOT WRITE IN THIS SPACE**

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 (President) 04/02/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000688804 04/11/07-80009-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BURKARD, CHRISTOPHER 8351 LAUREL LAKES BLVD NAPLES, FL 34119
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**DO NOT WRITE IN THIS SPACE**

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: Christopher G. Burkard Christopher G. Burkard 04/02/07 239-253-3670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #