

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-21-2004 90028 030 \*\*\*150:00  
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 29 AM 8:00

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07082004 Chg-P CR2E034 (10/03) *MRI*

DOCUMENT # P03000082380

1. Entity Name  
BURKE REALTY, INC.



Principal Place of Business  
2036 HIGHWAY 44 WEST  
COLONIAL PLAZA  
INVERNESS, FL 34453

Mailing Address  
2036 HIGHWAY 44 WEST  
COLONIAL PLAZA  
INVERNESS, FL 34453

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
01-0793365

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

BURKE, JEFFREY L  
2036 HIGHWAY 44 WEST  
COLONIAL PLAZA  
INVERNESS, FL 34453

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 re-registering) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	BURKE, JEFFREY L	
STREET ADDRESS	2210 S. CARNEGIE DR.	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURKE, PAMELA L	
STREET ADDRESS	2210 S. CARNEGIE DR.	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, JEFFREY L	
STREET ADDRESS	2001 E. STEVEN ST	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, PAMELA L	
STREET ADDRESS	2001 E. STEVEN ST	
CITY-ST-ZIP	INVERNESS, FL 34453	
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		
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 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: Jeffrey L Burke Jeffrey L Burke 7-14-04 352-344-1113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #