


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90046 021 ***150.00

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
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400000368



2. Principal Place of Business 2008 Highway 44 West Suite, Apt. #, etc. Colonial Plaza	3. Mailing Address 2008 Highway 44 West Suite, Apt. #, etc. Colonial Plaza
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01062005 Chg-P CR2E034 (10/03)

City & State Inverness, Fl.	City & State Inverness, Fl.
Zip 34453	Country Citrus

4. FEI Number 01-0793365	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BURKE, JEFFREY L 2036 HIGHWAY 44 WEST COLONIAL PLAZA INVERNESS, FL 34453	7. Name and Address of New Registered Agent Name Burke, Jeffrey L Street Address (P.O. Box Number is Not Acceptable) 2008 Highway 44 West Colonial Plaza City Inverness FL Zip Code 34453
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____ DATE _____
Signature of holder or printed name of registered agent and the filer please. (NOTE: Registered Agent signature required and non-waivable)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BURKE, JEFFREY L 2001 E STEVEN ST INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD BURKE, PAMELA L 2001 E STEVEN ST INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 filers empowered.

SIGNATURE:  1-7-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR