

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000133546

1. Entity Name

BURK INDUSTRIES DRYWALL SPECIALISTS, INC.



**FILED
Feb 07, 2005 8:00 am
Secretary of State**

02-07-2005 90066 018 ***150.00

4U014073



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address	
937 E DOLPHIN DR STUART FL 34996		937 E DOLPHIN DR STUART FL 34996	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BURK, DOUGLAS A 937 E DOLPHIN DR STUART FL 34996			
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 *Douglas A Burk*

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

(NOTE Registered Agent signature required when reinstating)

1-30-05

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p> <p>BURK, DOUGLAS A 937 E. DOLPHIN DR. STUART FL 34996</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p> <p><i>BURK DOUGLAS A</i> <i>TYPO Block 10</i></p>	
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>	
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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 like empowered.

SIGNATURE: *Douglas A Burk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-05

772 288 0079

Date

Daytime Phone #