2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90033 044 ***150.00

DOCUMENT # P03000136129

1. Entity Name
MIKE BURKE ELECTRIC, INC.

Principal Place of Business	Mailing Address
8201 W PINE BLUFF ST CRYSTAL RIVER FL 34428	8201 W PINE BLUFF ST CRYSTAL RIVER FL 34428

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10731 N. NORTHCUT AVE.	10731 N. NORTHCUT AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRYSTAL RIVER, FL.	City & State: CRYSTAL RIVER, FL. ~~3442~~
Zip: 34428 Country: CITRUS	Zip: 34428 Country: CITRUS

4. FEI Number 84-1630766 ☐ 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, MICHAEL WILLIAM 8201 W PINE BLUFF ST CRYSTAL RIVER FL 34428	Name: BURKE, MICHAEL WILLIAM Street Address (P.O. Box Number is Not Acceptable): 10731 N. NORTHCUT AVE. City: CRYSTAL RIVER **FL** Zip Code: 34428

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 MICHAEL W. BURKE Michael W. Burke 1/28/08
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, 2008 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, MICHAEL WILLIAM 8201 W PINE BLUFF ST CRYSTAL RIVER FL 34428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURKE, DEBORAH J. 8201 W PINE BLUFF ST CRYSTAL RIVER FL 34428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael W. Burke MICHAEL W. BURKE 1/28/08 352-563-0133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #