

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90001 016 \*\*\*550.00

**DOCUMENT # P0300014094S**

1. Entity Name  
**BURKE'S SIGNS, INC.**



Principal Place of Business  
**2230 E IRLO BRONSON HIGHWAY  
KISSIMMEE, FL 34744 US**

Mailing Address  
**2230 E IRLO BRONSON HIGHWAY  
KISSIMMEE, FL 34744 US**

**DO NOT WRITE IN THIS SPACE**



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**86-1089270**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BURKE, DENNIS  
2230 E IRLO BRONSON HIGHWAY  
KISSIMMEE, FL 34744**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BURKE, DENNIS  
STREET ADDRESS 2230 E IRLO BRONSON HIGHWAY  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE V  
NAME BURKE, GLYNDA  
STREET ADDRESS 1225 TWELVE OAKS ROAD  
CITY-ST-ZIP ST. CLOUD, FL 34771

TITLE Secretary/Treasurer  
NAME Michael Burke  
STREET ADDRESS 2230 E. Irlo Bronson Highway  
CITY-ST-ZIP Kissimmee, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Dennis Burke* Dennis Burke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/21/06**

Date

**407 892-7630**

Daytime Phone #