

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P03000140943

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**



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1089270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURKE, DENNIS 2230 E IRLO BRONSON HIGHWAY KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BURKE, GLYNDA 1225 TWELVE OAKS ROAD ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BURKE, MICHAEL 2230 E IRLO BRONSON HIGHWAY KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000651628
03/09/07-80015-006 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 07 407 892 7630
Date Daytime Phone #