

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140943

Entity Name: BURKE'S SIGNS, INC.

FILED
Feb 22, 2009
Secretary of State

Current Principal Place of Business:

2230 E IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34744 US

New Principal Place of Business:

1225 TWELVE OAKS ROAD
SAINT CLOUD, FL 34771 US

Current Mailing Address:

1225 TWELVE OAKS RD
SAINT CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 86-1089270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURKE, DENNIS
1225 TWELVE OAKS ROAD
SAINT CLOUD, FL 34771 US

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.

SIGNATURE:

02/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKE, DENNIS
Address: 2230 E IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34744 US

Title: V () Delete
Name: BURKE, GLYNDA
Address: 1225 TWELVE OAKS ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: ST () Delete
Name: BURKE, MICHAEL
Address: 2230 E IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURKE, DENNIS
Address: 1225 TWELVE OAKS ROAD
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BURKE, MICHAEL
Address: 1225 TWELVE OAKS ROAD
City-St-Zip: SAINT CLOUD, FL 34771

Title: S () Change (X) Addition
Name: SPENCE, AMANDA
Address: 1225 TWELVE OAKS ROAD
City-St-Zip: SAINT CLOUD, FL 34771 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS BURKE

P

02/22/2009

Electronic Signature of Signing Officer or Director

Date