


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000151964</b>	
1. Entity Name <b>R.A. BURKE SERVICES INC.</b>	

Principal Place of Business <b>13001 TAFT STREET BROOKSVILLE, FL 34613-6892</b>	Mailing Address <b>13001 TAFT STREET BROOKSVILLE, FL 34613-6892</b>
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04192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0556982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BURKE, RONALD SR.  
13001 TAFT STREET  
BROOKSVILLE, FL 34613-6892**

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000754186 05/22/07-80049-023 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>VP</b>	NAME <b>BURKE, RONALD SR.</b>
STREET ADDRESS <b>13001 TAFT STREET</b>	CITY-ST-ZIP <b>BROOKSVILLE, FL 346136892</b>
TITLE <b>P</b>	NAME <b>BURKE, ELIZABETH</b>
STREET ADDRESS <b>13001 TAFT STREET</b>	CITY-ST-ZIP <b>BROOKSVILLE, FL 346136892</b>
TITLE <b>T</b>	NAME <b>BURKE, RONALD JR</b>
STREET ADDRESS <b>13001 TAFT STREET</b>	CITY-ST-ZIP <b>BROOKSVILLE, FL 346136892</b>
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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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:** Ronald A Burke Sr **3-30-07** **352-596-2780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #