2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # P03000158370 1. Entity Name ANTHONY JOSEPH BURK INC. Mailing Address Principal Place of Business 7214 KINGSBURY CIRCLE TAMPA FL 33610 7214 KINGSBURY CIRCLE TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 30-0223486 Not Applicat." Zip Country \$8.75 Additional Country Ζıρ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURK, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 7214 KINGSBURY CIRCLE **TAMPA FL 33610** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, types or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May C After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tū. 11. ☐ Change ☐ A 3.5. ☐ Delete THILE BITH NAME NAME BURK, ANTHONY J STREET ADDRESS STREET ADDRESS 7214 KINGSBURY CIRCLE CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change III Adi;" TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST-7/P CITY-ST-ZIP Change M Adam Delete TITLE TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Au." ☐ Delele TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THILE ☐ Change ☐ Ai TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Sfatutes. 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.