

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006335

Entity Name: JASON BURKE INC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

2502 SCOTTVILLE AVE.
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

2502 SCOTTVILLE AVE.
DELTONA, FL 32725 US

New Mailing Address:

P.O.BOX 1276
DELAND, FL 32721 US

FEI Number: 77-0618634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, JASON C
22502 SCOTTVILLE AVE.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

BURKE, JASON C
2502 SCOTTVILLE AVE.
DELTONA, FL 32725 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:

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKE, JASON C
Address: 2502 SCOTTVILLE AVE.
City-St-Zip: DELTONA, FL 32725 US

Title: O () Delete
Name: DUPERON, DAVID L
Address: 2502 SCOTTVILLE AVE.
City-St-Zip: DELTONA, FL 32725

Title: O () Delete
Name: HANCHER, CHARILE M
Address: 2502 SCOTTVILLE AVE.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURKE, JASON C
Address: P.O.BOX 1276
City-St-Zip: DELAND, FL 32721 US

Title: O (X) Change () Addition
Name: DUPERON, DAVID L
Address: P.O.BOX 1276.
City-St-Zip: DELAND, FL 32721

Title: O (X) Change () Addition
Name: HANCHER, CHARILE M
Address: P.O.BOX 1276
City-St-Zip: DELAND, FL 32721

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: JASON BURKE

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date