

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006335

Entity Name: JASON BURKE INC

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

2502 SCOTTVILLE AVE.  
DELTONA, FL 32725 US

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 1276  
DELAND, FL 32721 US

## New Mailing Address:

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  
2502 SCOTTVILLE AVE.  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change ( ) Addition  
Name: HANCHER, CHARLIE 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

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date