

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058027

Entity Name: BURKE BROTHERS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2018 SUNRISE DRIVE SW
VERO BEACH, FL 32962

New Principal Place of Business:

4875 PHEASANT LANE S.W.
VERO BEACH, FL 32968 US

Current Mailing Address:

2018 SUNRISE DRIVE SW
VERO BEACH, FL 32962

New Mailing Address:

4875 PHEASANT LANE S.W.
VERO BEACH, FL 32968 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, THOMAS J
2018 SUNRISE DRIVE SW
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

BURKE, THOMAS J
4875 PHEASANT LANE S.W.
VERO BEACH, FL 32968 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: BURKE, THOMAS J
Address: 2018 SUNRISE DRIVE SW
City-St-Zip: VERO BEACH, FL 32962

Title: DV () Delete
Name: BURKE, LEONARD L
Address: 2018 SUNRISE DRIVE SW
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: BURKE, THOMAS J
Address: 4875 PHEASANT LANE S.W.
City-St-Zip: VERO BEACH, FL 32968 US

Title: DV (X) Change () Addition
Name: BURKE, LEONARD L
Address: 4875 PHEASANT LANE S.W.
City-St-Zip: VERO BEACH, FL 32968 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS J. BURKE

DPS

04/29/2005

Electronic Signature of Signing Officer or Director

Date