2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000097742

1. Entity Name
DON BURKHEAD PAINTING, INC.

Principal Place of Business	Mailing Address
1858 RIDGE ROAD N PALM BEACH, FL 33408	1858 RIDGE ROAD N PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

01182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
76-0762843	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKHEAD, DON
1858 RIDGE ROAD
N PALM BEACH, FL 33408

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
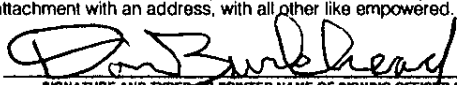
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BURKHEAD, DON
STREET ADDRESS	1858 RIDGE ROAD
CITY-ST-ZIP	N PALM BEACH, FL 33408

TITLE	
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03/18/08-80007-022 150.00

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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: _Don Burkhead_   2/28/08 (561) 630-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #