

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P04000168695

1. Entity Name

JOSEPH WALTER BURKART, P.A.



Principal Place of Business

4815 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539

Mailing Address

4815 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539



01092008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2155263

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKART, JOSEPH W
4815 MEADOW LAKE DRIVE
CRESTVIEW, FL 32539

**DO NOT WRITE
IN THIS SPACE**

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's 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

U00000852357
03/26/08-80025-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURKART, JOSEPH W
STREET ADDRESS	4815 MEADOW LAKE DRIVE
CITY- ST - ZIP	CRESTVIEW, FL 32539
TITLE	VP
NAME	BURKATT, ANN C.
STREET ADDRESS	4815 MEADOW LAKE DR
CITY- ST - ZIP	CRESTVIEW, FL 32539
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 appointments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 10, 2008 830-182-1112

Date

Daytime Phone