

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000103714

1. Entity Name
BURKHEAD EXPRESS, INC.



Principal Place of Business

2319 CATTLE DRIVE
BONIFAY, FL 32425 US

Mailing Address

2319 CATTLE DRIVE
BONIFAY, FL 32425 US

FILED
Apr 17 2008 08:00 A
Secretary of State

**DUPLICATE
TAX RECORD**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3259731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINGRY, FREDERIC R
116 PARIDISO PLACE
PANAMA CITY BEACH, FL 32413

**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

Gary Burkhead **NO A.D.**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BURKHEAD, GARY H
STREET ADDRESS 2319 CATTLE DRIVE
CITY - ST - ZIP BONIFAY, FL 32425

TITLE VP
NAME BURKHEAD, DOLLY
STREET ADDRESS 2319 CATTLE DRIVE
CITY - ST - ZIP BONIFAY, FL 32425

TITLE S/T
NAME BLACK, DONNA
STREET ADDRESS 650 N. CEDARBROOK
CITY - ST - ZIP LEWISVILLE, NC 27023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000903174
04/30/08-80034-022 150.00

**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 empowered.

SIGNATURE

Gary Burkhead

4-15-08 1-850-347-9225