


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90017 044 ***150.00

DOCUMENT # P07000005077

1. Entity Name
 BURKS MILLWORK INC.



Principal Place of Business Mailing Address

1855 SE GENARO TERRACE 1855 SE GENARO TERRACE
 PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3661 SW Camastro ST 3661 SW Camastro ST

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

Port St. Lucie FL Port St. Lucie FL

Zip Zip Country Country

34953 34953

4. FEI Number Applied For

20-8215705 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURK, STEVEN
 1855 SE GENARO TERRACE
 PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name: Steven Burk

Street Address (P.O. Box Number is Not Acceptable): 3661 SW Camastro ST

City: Port St. Lucie FL Zip Code: 34953

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: Steven Burk, Steven Burk DATE: 2-25-08

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution:

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME: BURK, STEVEN	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS: 1855 SE GENARO TERRACE		
CITY-ST-ZIP: PORT ST LUCIE FL 34952		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME: Burk, Steven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS: 3661 SW Camastro ST			
CITY-ST-ZIP: Port St. Lucie FL 34953			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Steven Burk, Steven Burk DATE: 2-25-08 Telephone: 772-579-0241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (b)(3) Telephone (b)(3)