

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023034

FILED
Feb 11, 2008
Secretary of State

Entity Name: BURKS PLASTERING & STUCCO, INC.

Current Principal Place of Business:

461 KARNEY AVE NE
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

461 KARNEY AVE NE
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 36-4603389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKS, LANCE S
461 KARNEY AVE NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURKS, LANCE S
Address: 461 KARNEY AVE NE
City-St-Zip: PALM BAY, FL 32907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BURKS, LANCE S
Address: 461 KARNEY AVE NE
City-St-Zip: PALM BAY, FL 32907

Title: DVPS () Change (X) Addition
Name: LARRY, CHELITA D
Address: 461 KARNEY AVE NE
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHELITA D. LARRY

DVPS

02/11/2008

Electronic Signature of Signing Officer or Director

Date