


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P11461 1. Entity Name CAROLE M BURKHART INC.	
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Principal Place of Business
**2617 GREENBELT YARD
SARASOTA, FL 34235**

Mailing Address
**2617 GREENBELT YARD
SARASOTA, FL 34235**



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FLI Number 59-2696991	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

**BURKHART, CAROLE M.
2617 GREENBELT YARD
SARASOTA, FL 34235**

**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 signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURKHART CAROLE M 2617 GREENBELT YARD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS WEBER, DEBORAH 2617 GREENBELT YARD SARASOTA, FL 34235
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/28/06-80021-025 150.00

**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: Carole M Burkhart Carole M Burkhart 3/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/176 176100 #