


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21221</b> 1. Entity Name <b>CHARLES L. BURKS &amp; COMPANY, INC.</b>	
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Principal Place of Business <b>1484 B/C ATLANTA INDUSTRIAL WAY ATLANTA, GA 30331</b>	Mailing Address <b>1484 B/C ATLANTA INDUSTRIAL WAY ATLANTA, GA 30331</b>
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>58-0903276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>WATTS, DENNIS 5009 SHORE DR. ST. AUGUSTINE, FL 32086</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PC MAYHEW, TERRY 101 PROSPECT ST HIGH POINT, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VESPA, ROBERT 101 PROSPECT ST. HIGH POINT, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECHOLS, KYLE F 1434 B1C ATLANTIC IND WAY ATLANTA, GA 30331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/05-80040-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kyle F Echols **Kyle F Echols** Corporate Secretary 1-5-05 404-641-7641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #