

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P21221**

1. Entity Name  
**CHARLES L. BURKS & COMPANY, INC.**



Principal Place of Business  
**1484 B/C ATLANTA INDUSTRIAL WAY  
ATLANTA, GA 30331**

Mailing Address  
**1484 B/C ATLANTA INDUSTRIAL WAY  
ATLANTA, GA 30331**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **58-0903276** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WATTS, DENNIS  
5009 SHORE DR.  
ST. AUGUSTINE, FL 32086**

**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 reissuing)

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	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 ATLANT E 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	

U00000387762  
01/19/06-20050-018 150.00

**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 19, 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Kyle F. Echols* **Kyle F. Echols**

**1-12-06**

**404-691-716**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #