


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000031240**  
 1. Entity Name  
**CAROLYN M. BURKE, P.A.**



Principal Place of Business      Mailing Address  
**3571 LOAN WOLF TRL**      **3571 LOAN WOLF TRL**  
**SAINT AUGUSTINE FL 32086**      **SAINT AUGUSTINE FL 32086**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)


4. FEE Number      **65-0573935**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BURKE, CAROLYN M**  
**3571 LONE WOLF TRL**  
**SAINT AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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:       **4-24-05**  
(Date in typed or printed form of registered agent's identity applies to file      IN: If Registered Agent signature required when registering      DATE)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contributor            Added to Fees

10. OFFICERS AND DIRECTORS

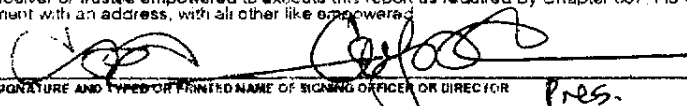
TYPE	NAME	STREET ADDRESS	CITY	STATE	ZIP	DELETE
D	BURKE, CAROLYN M	3511 LONE WOLF TRL	SAINT AUGUSTINE	FL	32086	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TYPE	NAME	STREET ADDRESS	CITY	STATE	ZIP	CHANGE	ADDITION
						<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"/>

**U00000338685**  
**04/28/05-80042-025 150.00**

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:       **4-24-05**      **904 797-3715**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Pres.      DATE      TELEPHONE NUMBER