


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000056494	
1. Entity Name BURKHARDT DISTRIBUTING OF GAINESVILLE, INC.	

Principal Place of Business 6125 NW 18TH DRIVE GAINESVILLE, FL 32653	Mailing Address P. O. BOX 438 ST. AUGUSTINE, FL 32085 US
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02202008 - No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3458249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKHARDT, T B JR
6125 NW 18TH DR
GAINESVILLE, FL 32653

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

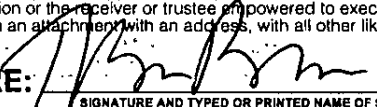
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000907235 05/05/08-20030-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BURKHARDT, MARIAN
STREET ADDRESS	3935 INMAN ROAD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	P
NAME	BURKHARDT, T B JR
STREET ADDRESS	4125 NW 18TH DR
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VPS
NAME	BURKHARDT, DANIEL
STREET ADDRESS	6125 NW 18TH DR
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VPT
NAME	BURKHARDT, PETER
STREET ADDRESS	6125 NW 18TH DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **T. Brookes Burkhardt** 4/15/08 (904) 829-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #