2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P97000056494

Entity Name: BURKHARDT DISTRIBUTING OF GAINESVILLE, INC.

Current Principal Place of Business:

6125 NW 18TH DRIVE
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 438
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-3458249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BURKHARDT, MARIAN
Address: 3935 INMAN ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P ( ) Delete
Name: BURKHARDT, T B JR
Address: 4125 NW 18TH DR
City-St-Zip: GAINESVILLE, FL 32653

Title: VPS ( ) Delete
Name: BURKHARDT, DANIEL
Address: 6125 NW 18TH DR
City-St-Zip: GAINESVILLE, FL 32653

Title: VPT ( ) Delete
Name: BURKHARDT, PETER
Address: 6125 NW 18TH DRIVE
City-St-Zip: GAINESVILLE, FL 32653 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY BRIDGES HR 04/24/2009

Electronic Signature of Signing Officer or Director Date