

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90300 049 ***150.00

DOCUMENT # P99000050780

1. Entity Name
BURKE MORTGAGE, INC.



Principal Place of Business

**513 US HWY 1
#103
NORTH PALM BEACH, FL 33408 US**

Mailing Address

**4179 MAGNOLIA ST
PALM BEACH GARDENS, FL 33418 US**

34040106

2. Principal Place of Business

**513 U.S. Hwy 1
Suite, Apt. #, etc.
113**

3. Mailing Address

**513 U.S. Hwy 1
Suite, Apt. #, etc.
113**

04072004 Chg-P CR2E034 (10/03)

City & State

NORTH PALM BEACH FL

City & State

NORTH PALM BEACH FL

4. FEI Number

65-0925306

Applied For

Not Applicable

Zip
33408

Country
U.S.

Zip
33408

Country
U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURKE, MICHAEL P
419 U.S. ONE, #E-106
NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name
BURKE MICHAEL P.

Street Address (P.O. Box Number is Not Acceptable)

4179 MAGNOLIA ST.

City

PALM BEACH GARDENS

FL

Zip Code

33418

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

Michael Burke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/08/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PVST
BURKE, MICHAEL P
4179 MAGNOLIA ST.
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURKE, MICHAEL P
4179 MAGNOLIA ST.
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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:

Michael Paul Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/04 561-882-9917

DATE

Daytime Phone #