

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000048279

**Entity Name:** BURKMYSTER INC.

**Current Principal Place of Business:**

7505 BERWICK STREET  
NORTH PORT, FL 34287

**Current Mailing Address:**

7505 BERWICK STREET  
NORTH PORT, FL 34287

**FEI Number:** 81-2834559

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURKE, KEVIN  
7505 BERWICK STREET.  
NORTH PORT, FL 34287 US

*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:** KEVIN BURKE

01/04/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name BURKE, KEVIN  
Address 7505 BERWICK STREET  
City-State-Zip: NORTH PORT FL 34287

Title VP  
Name BURKE, KEVIN  
Address 7505 BERWICK STREET  
City-State-Zip: NORTH PORT FL 34287

*I hereby 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 all other like empowered.*

**SIGNATURE:** KEVIN BURKE

**PRESIDENT**

01/04/2018

Electronic Signature of Signing Officer/Director Detail

Date