
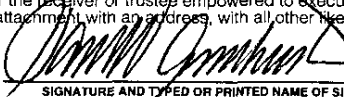


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90663 037 ***158.75

DOCUMENT # F99000006019 1. Entity Name BURK-KLEINPETER, INC.					
Principal Place of Business 4176 CANAL STREET NEW ORLEAS, LA 70119			Mailing Address 4176 CANAL STREET NEW ORLEAS, LA 70119		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 72-1175112	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					
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: JAMES W. ARMBRUSTER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing. Trust Fund Contribution: <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE CD <input type="checkbox"/> Delete NAME BURKE, WILLIAM R III STREET ADDRESS 4176 CANAL STREET CITY-ST-ZIP NEW ORLEANS, LA 70119			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE BURK, WILLIAM R III NAME BURK, WILLIAM R III STREET ADDRESS CITY-ST-ZIP		
TITLE P <input type="checkbox"/> Delete NAME KLEINPETER, GEORGE C STREET ADDRESS 4176 CANAL STREET CITY-ST-ZIP NEW ORLEANS, LA 70119			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME ARMBRUSTER, JAMESE W STREET ADDRESS 4176 CANAL STREET CITY-ST-ZIP NEW ORLEANS, LA 70119			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME ARMBRUSTER, JAMES, W STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME JACKSON, MICHAEL L STREET ADDRESS 4176 CANAL STREET CITY-ST-ZIP NEW ORLEANS, LA 70119			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME BADON, BRUCE L STREET ADDRESS 4176 CANAL STREET CITY-ST-ZIP NEW ORLEANS, LA 70119			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME GIARDINA, J.W. "BILL" JR STREET ADDRESS 4176 CANAL STREET CITY-ST-ZIP NEW ORLEANS, LA 70119			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JAMES W. ARMBRUSTER					
Date 4/48/04 Daytime Phone # (504)486-5901					

34061064



04282004 Chg-P CR2E034 (10/03)