



BUSINESS CORPORATION ANNUAL REPORT

10-2017

NAME OF BUSINESS CORPORATION: **Burke Developer, Inc**

SECRETARY OF STATE ID NUMBER: **1065714**

STATE OF FORMATION: **NC**

REPORT FOR THE FISCAL YEAR END: **12/31/2019**

Filing Office Use Only

E - Filed Annual Report
1065714
CA202010803850
4/17/2020 01:00

☒ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: **Burke, Patrick E.**

2. SIGNATURE OF THE NEW REGISTERED AGENT:

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

115 Easton Dr

115 Easton Dr

Mooresville, NC 28117-6012 Iredell County

Mooresville, NC 28117-6012

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: **Developer**

2. PRINCIPAL OFFICE PHONE NUMBER: **(877) 688-0047**

3. PRINCIPAL OFFICE EMAIL: **Privacy Redaction**

4. PRINCIPAL OFFICE STREET ADDRESS

5. PRINCIPAL OFFICE MAILING ADDRESS

115 Easton Dr

115 Easton Dr

Mooresville, NC 28117-6012

Mooresville, NC 28117-6012

6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

☐

The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: **Patrick Burke**

NAME:

NAME:

TITLE: **President**

TITLE:

TITLE:

ADDRESS:

ADDRESS:

ADDRESS:

PO BOX 3481

MOORESVILLE, NC 28117-0000

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Patrick Burke, by Evie Grady Inside Operations

4/17/2020

SIGNATURE

DATE

Form must be signed by an officer listed under Section C of this form.

Patrick Burke, by Evie Grady Inside Operations

President

Print or Type Name of Officer

Print or Type Title of Officer

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525