

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000003504

1. Entity Name

BURGER, CARROLL & ASSOCIATES, INC.



Principal Place of Business

1421 LUISA STREET, STE. A  
SANTA FE, NM 87505

Mailing Address

1421 LUISA STREET, STE. A  
SANTA FE, NM 87505



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

85-0398588

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPST CARROLL, JULIE M 1421 LUISA STREET, STE. A SANTA FE, NM 87505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP BURGER, ARTHUR W 1421 LUISA STREET, STE. A SANTA FE, NM 87505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BACH, DENNIS H 7408 MIFFLIN KENEDY TERRACE AUSTIN, TX 78749
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURGER, DOUGLAS M 1009 COLLEGE BLVD. LAWRENCE, KS 66049
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000165681  
07/12/04-80023-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

7/7/04

505-982-9880