

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006189

FILED
Mar 11, 2004
Secretary of State

Entity Name: BURGESS ISLAND ASSOCIATES, INC.

Current Principal Place of Business:

P.O. BOX 825
BOKEELIA, FL 33922 US

New Principal Place of Business:

16501 STRINGFELLOW ROAD
BOKEELIA, FL 33922 US

Current Mailing Address:

P.O. BOX 825
BOKEELIA, FL 33922 US

New Mailing Address:

FEI Number: 52-1635521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNZ, THOMAS C
16501 STRINGFELLOW ROAD
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCDT () Delete
Name: MUNZ, THOMAS C
Address: 16501 STRINGFELLOW ROAD
City-St-Zip: BOKEELIA, FL

Title: VSD () Delete
Name: MUNZ, ELIZABETH A
Address: 16501 STRINGFELLOW ROAD
City-St-Zip: BOKEELIA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: MUNZ, ELIZABETH A
Address: P. O. BOX 825
City-St-Zip: BOKEELIA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH A. MUNZ

VP

03/11/2004

Electronic Signature of Signing Officer or Director

Date