

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000006189

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** BURGESS ISLAND ASSOCIATES, INC.

**Current Principal Place of Business:**

16501 STRINGFELLOW ROAD  
BOKEELIA, FL 33922 US

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

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

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: ELIZABETH A. MUNZ

V.P.

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date