

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90058 020 \*\*\*150.00

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01242005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # G89320</b>					
1. Entity Name <b>BURCH FARMS, INC.</b>					
Principal Place of Business <b>8863 133RD RD LIVE OAK, FL 32060 US</b>			Mailing Address <b>8863 133RD RD LIVE OAK, FL 32060 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2422229</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BURCH, DONALD L. 8863 13RD RD LIVE OAK, FL 32060</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP and Treasurer BURCH, DONALD L. 2215 BERKLEY CT FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Burch, Donald L., Jr. 2215 Berkley Ct. Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCH, MARY C. 8863 13RD RD. LIVE OAK, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D and Secretary BURCH, ANNA C. Burch Dewitt, Anna C. 1402 BRIARHILL LANE 1040 S. Center St. ATLANTA, GA Casper, Wyoming 82601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Burch Dewitt, Anna C. 1040 S. Center St. Casper, Wyoming 82601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D and Vice President Jones, Charlotte Burch 1968 Long Creek Road Wadmalaw Island, S.C. 29487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D and Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jones, Charlotte Burch 1968 Long Creek Rd. Wadmalaw Island, S.C. 29487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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: <u>Donald L. Burch Jr.</u> <b>DONALD L. Burch Jr.</b> 1-24-05 362-2180 <sup>396</sup> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					