


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90097 006 \*\*\*150.00

<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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BURCH, DONALD L. 8863 13RD RD LIVE OAK FL 32060</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BURCH, DONALD L.</b> <b>2215 BERKLEY CT</b> <b>FERNANDINA BEACH FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Burch, Donald L. Jr.</b> <b>2215 Berkley Ct.</b> <b>Fernandina Beach, FL 32034</b>	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BURCH DEWITT, ANNA C</b> <b>1040 S. CENTER ST.</b> <b>CASPER WY 82601</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b>	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>BURCH, DAVID L JR.</b> <b>2215 BERKLEY CT</b> <b>FERNANDINA BEACH FL 32034</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Donald L. Burch, Jr.</b> <b>2215 Berkley Ct.</b> <b>Fernandina Bch, FL 32034</b>	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>JONES BURCH, CHARLOTTE</b> <b>1968 LONG CREEK RD</b> <b>WADMALAW ISLAND SC 29487</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b>	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-06 (904) 509-0176  
Date Daytime Phone #