

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 032 ***558.75

DOCUMENT # H22785
 1. Entity Name
BURCH LABORATORY, INC.



Principal Place of Business: **% BILLY BRYAN BURCH
 2151 EAST NINE MILE RD.
 PENSACOLA, FL 32514**

Mailing Address: **% BILLY BRYAN BURCH
 2151 EAST NINE MILE RD.
 PENSACOLA, FL 32514**

54062168

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2449605** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BURCH, BILLY BRYAN
 2151 E. NINE MILE RD.
 PENSACOLA, FL 32514**

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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: **7-9-04**

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

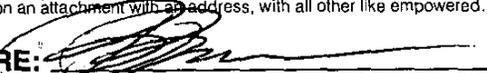
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURCH, BILLY BRYAN
STREET ADDRESS	2151 E. NINE MILE RD.
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	V
NAME	BURCH, LINDA H.
STREET ADDRESS	9330 SCENIC HWY.
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	ST
NAME	BURCH, GERALDINE
STREET ADDRESS	420 TWIN BAY DR
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **7-9-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #