2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80825

FILED Jan 18, 2009 Secretary of State

Entity Name: BURBY AND ASSOCIATES, INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
802 RIVE	D. BURBY, II R DRIVE , FL 3383094			
urrent Mailing Address:		ess:	New Mailing Address:	
802 RIVE	D. BURBY, II R DRIVE FL 3383094			
El Number	: 59-2588568	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of	Current Registered Agent	Name and Address of	of New Registered Agent:
	AMES D III			
he above	FL 33830	US submits this statement for the	ne purpose of changing its registere	ed office or registered agent, or both,
ARTOW he above	, FL 33830		ne purpose of changing its registere	ed office or registered agent, or both,
ARTOW he above	FL 33830 named entity of Florida.	submits this statement for the		
ARTOW he above the State	FL 33830 named entity e of Florida. RE: Electro	v submits this statement for the		ed office or registered agent, or both, Date
ARTOW he above the State IGNATU	FL 33830 named entity of Florida. RE: Electro mpaign Financi	v submits this statement for the statement for t	Agent	Date
ARTOW he above the State IGNATU	FL 33830 named entity e of Florida. RE: Electro	v submits this statement for the statement for t	Agent	
ARTOW he above the State IGNATU	e named entity e of Florida. RE: Electro mpaign Financi S AND DIREC	v submits this statement for the conic Signature of Registered and Trust Fund Contribution (). CTORS:) Delete ES D., III, DR	Agent	Date
he above the State IGNATUI ection Car FFICER ttle: ame: ddress:	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRECT PD (BURBY, JAMI 1802 RIVER I BARTOW, FL	v submits this statement for the conic Signature of Registered and Trust Fund Contribution (). CTORS:) Delete ES D., III, DR 33830 US) Delete ELA M., DR	Agent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAMELA M. BURBY STD 01/18/2009