## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000067461

Entity Name: BUNCH AGCO, INC.

FILED Apr 23, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 19650 MARSHALL FIELD RD. MOORE HAVEN, FL 33471 **Current Mailing Address: New Mailing Address:** P. O. BOX 1434 LABELLE, FL 33975 FEI Number: 33-1008990 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AIRTH, H. ADAM JR 500 SOUTH FLORIDA AVE., SUITE 800 LAKELAND, FL 33801 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BUNCH, ADAM L Name: Name: P. O. BOX 1434 Address: Address: City-St-Zip: LABELLE, FL 33975 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: BUNCH, KELI A Name: P.O. BOX 1434 Address: Address: LABELLE, FL 33975 City-St-Zip: City-St-Zip: Title: Title: Х () Delete () Change () Addition X, X XName: Name: Address Address: City-St-Zip: X, X X City-St-Zip: Title: () Delete Title: () Change () Addition X. X Name: Name: Address: Address: City-St-Zip: X. X X XCity-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: X, X Name: Address: Address: Χ X, X X City-St-Zip: City-St-Zip: Title: Х () Delete Title: () Change () Addition Name: X, X Name: Address: Χ Address: City-St-Zip: City-St-Zip: X. X X

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELI BUNCH D 04/23/2004