

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90051 038 \*\*\*150.00

**DOCUMENT # P03000039980**

1. Entity Name

STACY JO BURCH, P.A.



Principal Place of Business

8900 S.E. 159TH LANE  
SUMMERFIELD FL 34491

Mailing Address

PO BOX 1504  
LADY LAKE FL 32158-1504



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **16-1661300**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURCH, STACY JO  
8900 S.E. 159TH LANE  
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

CAT:

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSCH, STACY JO 8900 S.E. 159TH LANE SUMMERFIELD FL 34491	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS Burch, Stacy 8900 SE 159th lane Summerfield, FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Barbara Jo Rutkowski 1401 Figueroa St. The Villages 32162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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:**

*Stacy J Burch* Stacy J. Burch

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

Date

352-205-5090

Daytime Phone #

# P03000039980

# Florida Department of Revenue

## Employer's Quarterly Report (UCT-6)



<div style="text-align:right;">Do Not Use This Area</div>								
UT Account Number                  Correction to Quarter/Year 2533453-6                              3/2006							Batch Number	
Employer's Name <b>STACY JO BURCH PA</b>							Audited By	Date
Street                              City                              State                    ZIP <b>PO BOX 1504                       LADY LAKE                     FL                    32158-1504</b>							Remarks	
Explain, In Detail, The Reason For Correction <b>ERROR IN CALCULATING TAX DUE USING PRIOR PERIOD TAX RATE.</b>								
1.  Employee's Social Security Number	2.  Employee's Name  Last                              First Initial                   Middle Initial			3.  Page No.	4.  Gross Wages Per Original Report	5.  Unit Code	6.  Correct Gross Wages	7.  Unit Code
215-90-7508	BURCH	S	J		1,000.00		1,000.00	
8. If this information changes the figures on your original report - Please Complete				Totals This Page	\$ 1,000.00		\$ 1,000.00	
Item	Originally Reported	To Be Corrected To	Difference	Difference Between Column 4 and 6		\$ 0.00		
Gross Wages	1,000.00	1,000.00	0.00	I certify that the information contained in this report is true and correct.				
Excess Wages	0.00	0.00	0.00	Signature <i>Stacy J Burch</i>				
Taxable Wages	1,000.00	1,000.00	0.00	Title <i>President</i>			Date <i>1/31/07</i>	
<b>Tax Due</b>	27.00	3.20	-23.80	Make Check Payable To FLORIDA U.C. FUND			\$	0.00

**See page 2 for complete instructions**