

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134420

Entity Name: JOSEPH R. BUNCH, INC.

FILED  
Feb 05, 2008  
Secretary of State

**Current Principal Place of Business:**

11326 ROHRMAN RD  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 75  
PORT RICHEY, FL 346730075

**New Mailing Address:**

FEI Number: 06-1712605      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUNCH, JOSEPH R  
11326 ROHRMAN RD  
PORT RICHEY, FL 34668      US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: BUNCH, JOSEPH R  
Address: 11326 ROHRMAN RD  
City-St-Zip: PORT RICHEY, FL 34668

Title: VS (X) Delete  
Name: LEWIS, BRANDIE  
Address: 11326 ROHRMAN RD  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH ROBERT BUNCH

DP

02/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date