

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000029046

Entity Name: WILLIAM B. BURCH, INC.

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

905 WEST STORY ROAD  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

905 WEST STORY ROAD  
WINTER GARDEN, FL 34787 US

**Current Mailing Address:**

905 WEST STORY ROAD  
WINTER GARDEN, FL 34787

**New Mailing Address:**

905 WEST STORY ROAD  
WINTER GARDEN, FL 34787 US

FEI Number: 01-0830343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURCH, WILLIAM B  
905 WEST STORY ROAD  
WINTER GARDEN, FL 34787 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: BURCH, WILLIAM B  
Address: 905 WEST STORY ROAD  
City-St-Zip: WINTER GARDEN, FL 34787 FL

Title: S  
Name: MARTIN, LOU ELLEN  
Address: 905 WEST STORY ROAD  
City-St-Zip: WINTER GARDEN, FL 34787 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM B BURCH

PRES

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date