


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000010604</b> 1. Entity Name <b>BUNCH AND ASSOCIATES, INC.</b>	
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Principal Place of Business <b>3146 WINTER LAKE ROAD LAKELAND, FL 33803 US</b>	Mailing Address <b>P.O. BOX 32037 LAKELAND, FL 33802 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3159126</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BUNCH, CYNTHIA L 11680 LAKELAND ACRES DR LAKELAND, FL 33810</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000089738 03/16/04-80001-004 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUNCH, CYNTHIA L 11680 LAKELAND ACRES DR LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUNCH, JAMES D 11680 LAKELAND ACRES DR LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODSON, LEIF 4309 FOREST HILLS DRIVE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUNK, CHARLES 1521 AUBURN OAKS CIRCLE AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:**  **3/3/04 (813) 669-6861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #