

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010604

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: BUNCH AND ASSOCIATES, INC

## Current Principal Place of Business:

3500 REYNOLDS ROAD  
LAKELAND, FL 33803 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 32037  
LAKELAND, FL 33802 US

## New Mailing Address:

FEI Number: 59-3159126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUNCH, CYNTHIA L  
11680 LAKELAND ACRES DR  
LAKELAND, FL 33810 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: CD ( ) Delete  
Name: BUNCH, CYNTHIA L  
Address: 11680 LAKELAND ACRES DR  
City-St-Zip: LAKELAND, FL

Title: STD ( ) Delete  
Name: BUNCH, JAMES D  
Address: 11680 LAKELAND ACRES DR  
City-St-Zip: LAKELAND, FL

Title: PD ( ) Delete  
Name: GOODSON, LEIF  
Address: 4309 FOREST HILLS DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: VP ( ) Delete  
Name: FUNK, CHARLES  
Address: 1521 AUBURN OAKS CIRCLE  
City-St-Zip: AUBURNDALE, FL 33823

Title: VP ( ) Delete  
Name: SERGI, KATHY J  
Address: 58 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLES FUNK

VP

02/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date