2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# P92000010604

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:	PD	(X) Change ( ) Addition
Name:	GOODSON, LEIF G	
Address:	4309 FOREST HILLS DRIVE	
City-St-Zip:	LAKELAND, FL 33810	
Title:	VP	(X) Change ( ) Addition
Name:	FUNK, CHARLES A	
Address:	1521 AUBURN OAKS CIRCLE	
City-St-Zip:	AUBURNDALE, FL 33823	
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 A. FUNK CP 04/03/2009

Electronic Signature of Signing Officer or Director Date