

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90058 031 ***150.00

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1. Entity Name
BUNGER INC.



Principal Place of Business
7061 S. TAMiami TRAIL, #105
SARASOTA, FL 34231

Mailing Address
7061 S. TAMiami TRAIL, #105
SARASOTA, FL 34231

2. Principal Place of Business
3922 Rockefeller Ave.
Suite, Apt. #, etc.

3. Mailing Address
3922 Rockefeller Ave.
Suite, Apt. #, etc.



02192004 Chg-P CR2E034 (10/03)

City & State
Sarasota, FL
Zip 34231 Country

City & State
Sarasota, FL
Zip 34231 Country

4. FEI Number
65-0492194
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUNGER, JOHN A
7061 S. TAMiami TRAIL, #105
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name
Bunger, John A.
Street Address (P.O. Box Number is Not Acceptable)
3922 Rockefeller Ave.
City
Sarasota FL Zip Code
34231

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BUNGER, JOHN A
7061 S TAMiami TRAIL, #105
SARASOTA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Bunger, John A.
3922 Rockefeller Ave.
Sarasota, FL 34231 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Bunger JOHN BUNGER

3/4/04 (941) 924-7111
Date Daytime Phone #