


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000063343	
1. Entity Name BURCH SURVEYING & MAPPING, INC.	

Principal Place of Business 2223 MCGREGOR BLVD. FT. MYERS, FL 33901	Mailing Address 2223 MCGREGOR BLVD. FT. MYERS, FL 33901
---	---

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0772204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURCH, JAMES D 2223 MCGREGOR BLVD FT. MYERS, FL 33901	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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BURCH, JAMES D 2223 MCGREGOR BLVD. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BURCH, JANET B 2223 MCGREGOR BLVD. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000033313
02/05/04-80037-011 150.00

**DO NOT WRITE
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)(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: <i>Janet B. Burch</i>	<i>Janet B. Burch</i>	<i>1-30-04</i>	<i>239-337-1109</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #