## 2004 FOR PROFIT CORPORATION

Feb 06, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P99000075938 1. Entity Name G.D. BUNCH, INC. Principal Place of Business Mailing Address 14296 SATINWOOD DR 14296 SATINWOOD DR IACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 CR2E034 (10/03) 01282004 No Cha-P DO NOT WRITE IN THIS SPACE 4. FFI Number Applied For 59-3595005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUNCH, GARY D DO NOT WRITE 14296 SATINWOOD DR JACKSONVILLE, FL 32224 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be U00000037617 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPTS TITLE NAME BUNCH, GARY D STREET ADDRESS 14296 SATINWOOD DR JACKSONVILLE, FL 32224 CITY-ST-ZIP 3.1111 NAME STREET ACCRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF HILE

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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 cath, 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 attaching at with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

2/4/04 SIGNATURE!