


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90032 028 \*\*\*150.00

**DOCUMENT # P97000025999**

1. Entity Name  
**BUSH BROKERAGE & SALES, INC.**



Principal Place of Business  
**17470 OAK CREEK ROAD  
 ALVA, FL 33920 US**

Mailing Address  
**C/O ROBERT D. ROYSTON JR., ESQ.  
 P.O. DRAWER 60205  
 FORT MYERS, FL 33906**

**40025364**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

*40 John M. Wicker*  
*P.O. Drawer 60205*  
*Fort Myers FL*  
*33906 USA*

01182008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0737392**

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

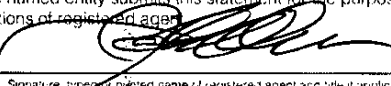
6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D  
 12670 NEW BRITTANY BLVD  
 SUITE 101  
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

**JOHN M. WICKER, P.A.  
 12670 NEW BRITTANY BLVD., STE 101  
 FORT MYERS, FL 33907**

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:  DATE: *2/14/08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BUSH, DAVID A 17470 OAK CREEK ROAD ALVA, FL 33920</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR