


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000085515

1. Entity Name
BUSCH ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 692522
ORLANDO, FL 32869-2522

Mailing Address
P.O. BOX 692522
ORLANDO, FL 32869-2522

DO NOT WRITE IN THIS SPACE



03192003 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3475547 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, GREGORY M
29 EAST PINE ST.
ORLANDO, FL 32801

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BUSCH, RANDOLPH B P O BOX 692522 N/A ORLANDO, FL 328692522
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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 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:  **5-25-04** **407-351-1413**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #