


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 246886</b> 1. Entity Name <b>BUSHNELL SERVICE CORPORATION</b>	
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Principal Place of Business <b>6034 CHESTER AVE. SUITE #209 JACKSONVILLE FL 32217 US</b>	Mailing Address <b>6034 CHESTER AVE. SUITE #209 JACKSONVILLE FL 32217 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E034 (10/06)

4. FEI Number <b>59-0947845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LINN, CHARLOTTE 6034 CHESTER AVE. SUITE #209 JACKSONVILLE FL 32217</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <b>LINN, CHARLOTTE</b> <input type="checkbox"/> Delete <b>6034 CHESTER AVE SUITE 209</b> <b>JACKSONVILLE FL 32217</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVT <b>RANTZ, JACOB F.</b> <input type="checkbox"/> Delete <b>6034 CHESTER AVE SUITE 209</b> <b>JACKSONVILLE FL 32217</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVS <b>LINN, JAMES A.</b> <input type="checkbox"/> Delete <b>6034 CHESTER AVE SUITE 209</b> <b>JACKSONVILLE FL 32217</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP <b>RANTZ, BARBARA</b> <input type="checkbox"/> Delete <b>6034 CHESTER AVE SUITE 209</b> <b>JACKSONVILLE FL 32217</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000615169 02/06/07-80061-004 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Charlotte Linn* / **Charlotte L. Linn**      President      1/18/07      904-636-7171

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