

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90032 022 ***150.00

DOCUMENT # 533742

1. Entity Name
BUSCH JUNCTION, INC.



Principal Place of Business
1701 E. BUSCH BLVD.
TAMPA, FL 33612

Mailing Address
1701 E. BUSCH BLVD.
TAMPA, FL 33612 US

34061000



2. Principal Place of Business

3. Mailing Address

P.O. Box 17072

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132004

Chg-P

CR2E034 (10/03)

City & State

City & State

Tampa, FL

4. FEI Number

59-1787072

Applied For

Not Applicable

Zip

Country

Zip

Country

33682

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRECO, JOHN
1701 E BUSH BLVD
TAMPA, FL 33612

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! - FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **CASTRO, MARY J.**
STREET ADDRESS **1701 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **TD** ☐ Delete
NAME **ASKINS, LINDA JO**
STREET ADDRESS **1701 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **P** ☐ Delete
NAME **GRECO, JOHN**
STREET ADDRESS **1701 E BUSCH BLVD**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Change ☐ Addition
NAME **Castro, Mary J.**
STREET ADDRESS **P.O. Box 17072**
CITY-ST-ZIP **Tampa, FL 33682**

TITLE **TD** ☒ Change ☐ Addition
NAME **Askin, Linda Jo**
STREET ADDRESS **P.O. Box 17072**
CITY-ST-ZIP **Tampa, FL 33682**

TITLE **P** ☒ Change ☐ Addition
NAME **Greco, John**
STREET ADDRESS **P.O. Box 17072**
CITY-ST-ZIP **Tampa, FL 33682**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Jo Castro

2-23-04

813-264-2262