

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 533742

1. Entity Name
BUSCH JUNCTION, INC.



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

Mailing Address
**P.O. BOX 17072
TAMPA, FL 33682 US**



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1787072

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**GRECO, JOHN
1701 E BUSH BLVD
TAMPA, FL 33612**

**DO NOT WRITE
IN THIS SPACE**

9. 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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000416472
02/13/06-00018-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CASTRO, MARY J.
P.O. BOX 17072
TAMPA, FL 33682**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ASKINS, LINDA JO
P.O. BOX 17072
TAMPA, FL 33682**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GRECO, JOHN
P.O. BOX 17072
TAMPA, FL 33682**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #