

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 573224

1. Entity Name
NORMAN L. BUSH & COMPANY, INC.



Principal Place of Business
1855 63RD AVE, E
BRADENTON, FL 34203

Mailing Address
1855 63RD AVE, E
BRADENTON, FL 34203

DO NOT WRITE IN THIS SPACE

**FILED
Mar 24, 2005 8:00 am
Secretary of State**

03-24-2005 90049 004 ***150.00



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1821954	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BUSH, NORMAN L.
1855 63RD AVENUE EAST
BRADENTON, FL 34203

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: BUSH, NORMAN L.,III
STREET ADDRESS: 1855 63RD AVENUE E.
CITY-ST-ZIP: BRADENTON, FL

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 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: *Norman L. Bush*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #