


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # 635156</b><br>1. Entity Name<br>PERRY BUSH, INC. |  |
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|---|---|
| Principal Place of Business<br>10330 AVON PARKCUT OF RD<br>FT MEADE, FL 33841 | Mailing Address<br>10330 AVON PARKCUT OF RD<br>FT MEADE, FL 33841 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1935903                               | Applied For<br>Not Applicable  |
| 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<br><br>BUSH, HAROLD<br>10100 AVON PARK CUTOFF RD<br>FT MEADE, FL 33841 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BUSH, LUCY<br>10330 AVON PARKCUT OF RD<br>FT MEADE, FL 33841       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T<br>NEWBERRY, MARJORIE<br>RT. 2, BOX 626A<br>AVON PK, FL 33825       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARBAREE, BETTY<br>505 S. YOUNG AVE.<br>AVON PARK, FL 33825        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BUSH, HAROLD<br>10100 AVON PARK CUTOFF RD.<br>FT. MEADE, FL 33841 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CREWS, WINONA<br>3091 N. CAMBRIDGE RD.<br>AVON PARK, FL 33825      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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02/02/05-80075-002 150.00

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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.

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|--|-----------|--|
| SIGNATURE: <u>Lucy Bush</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Lucy Bush | 863/635-4479<br><small>Daytime Phone #</small> |
|--|-----------|--|