

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 635156</b><br>1. Entity Name<br><b>PERRY BUSH, INC.</b> |  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>10330 AVON PARKCUT OF RD<br/>FT MEADE, FL 33841</b> | Mailing Address<br><b>10330 AVON PARKCUT OF RD<br/>FT MEADE, FL 33841</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1935903** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>BUSH, HAROLD<br/>10100 AVON PARK CUTOFF RD<br/>FT MEADE, FL 33841</b> |
|---------------------------------------------------------------------------------------------------------------------------------|

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

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

**U000070412687  
02/10/06-80057-010 150.00**

| 10. OFFICERS AND DIRECTORS                     |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>BUSH, LUCY<br/>10330 AVON PARKCUT OF RD<br/>FT MEADE, FL 33841</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S/T<br/>NEWBERRY, MARJORIE<br/>RT. 2, BOX 626A<br/>AVON PK, FL 33825</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BARBAREE, BETTY<br/>505 S. YOUNG AVE.<br/>AVON PARK, FL 33825</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>BUSH, HAROLD<br/>10100 AVON PARK CUTOFF RD.<br/>FT. MEADE, FL 33841</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CREWS, WINONA<br/>3091 N. CAMBRIDGE RD.<br/>AVON PARK, FL 33825</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Lucy Bush* *Lucy Bush Pres.* *1-26-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #