


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 635156	
1. Entity Name PERRY BUSH, INC.	

Principal Place of Business 10330 AVON PARKCUT OF RD FT MEADE, FL 33841	Mailing Address 10330 AVON PARKCUT OF RD FT MEADE, FL 33841
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1935903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BUSH, HAROLD
10100 AVON PARK CUTOFF RD
FT MEADE, FL 33841

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U00000806826
02/05/08-80057-016 150.00

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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 President 1-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #