2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 635156

Entity Name: PERRY BUSH, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10330 AVON PARKCUT OF RD FT MEADE, FL 33841 **Current Mailing Address: New Mailing Address:** 10330 AVON PARKCUT OF RD FT MEADE, FL 33841 FEI Number: 59-1935903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUSH, HAROLD 10100 AVON PARK CUTOFF RD FT MEADE, FL 33841 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BUSH, LUCY, Name: Name: 10330 AVON PARKCUT OF RD Address: Address: City-St-Zip: FT MEADE, FL 33841 City-St-Zip: Title: Title: () Delete () Change () Addition NEWBERRY, MARJORIE, Name: Name: RT. 2, BOX 626A Address: Address: City-St-Zip: AVON PK. FL 33825 City-St-Zip: () Delete Title: Title: () Change () Addition BARBAREE, BETTY Name: Name: 505 S YOUNG AVE Address: Address: City-St-Zip: AVON PARK, FL 33825 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition BUSH, HAROLD Name: Name: 10100 AVON PARK CUTOFF RD. Address: Address: City-St-Zip: FT. MEADE, FL 33841 City-St-Zip: Title: Title: () Delete () Change () Addition CREWS, WINONA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LUCY BUSH PRES 01/20/2009

3091 N. CAMBRIDGE RD.

AVON PARK, FL 33825

Address: City-St-Zip: