

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90019 043 ***150.00

DOCUMENT # F02000005540

1. Entity Name
BUSH TRUCK LEASING, INC.



Principal Place of Business

**1 NORTH LAKE PLACE STE. 450
11500 NORTHLAKE DRIVE
CINCINNATI, OH 45249**

Mailing Address

**1 NORTH LAKE PLACE STE. 450
11500 NORTHLAKE DRIVE
CINCINNATI, OH 45249**



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1758773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNARD, ROBERT
6107 SCHOONER WAY
TAMPA, FL 33615**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BUSH, MICHAEL A
1 NORTH LAKE PLACE STE. 450
CINCINNATI, OH 45249**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CORNETTE, DIANE S
1 NORTH LAKE PLACE STE. 450
CINCINNATI, OH 45249**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T LUDWIG
LUDWIG, CLIFF
1 NORTH LAKE PLACE STE. 450
CINCINNATI, OH 45249**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05 **513-772-4188**
Date Daytime Phone #