

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50785

FILED
Apr 22, 2008
Secretary of State

Entity Name: FLORIDA BUS UNLIMITED, INC.

Current Principal Place of Business:

1925 W. PRINCETON ST.
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1925 W. PRINCETON ST.
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-2139722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAY, JAMES D PRESIDE
88 E BROAD ST
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: BAY, JAMES D PRES
Address: 10812 VERSAILLES
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: SLACK, JEFFREY W VP
Address: 3050 ROLLING HILLS LANE
City-St-Zip: APOKA, FL 32712

Title: VP () Delete
Name: CHAPMAN, TOD
Address: 17301 SUMMER OAK LANE
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: OBERT, RONALD K
Address: 2364 BARONSMEADE CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP (X) Delete
Name: STOTLER, MICHAEL D VP
Address: 934 PARK VALLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHAPMAN, TOD VP/SECR
Address: 17301 SUMMER OAK LANE
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: STOTLER, MICHAEL D VP
Address: 934 PARK VALLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES D. BAY

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date