

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90055 018 \*\*\*158.75

**DOCUMENT # J68993**

1. Entity Name  
**W. CHRISTIAN BUSK LANDSCAPE ARCHITECT, INC.**



Principal Place of Business  
 816 MYRTLE TERR  
 816 MYRTLE TERRACE  
 NAPLES, FL 34103 US

Mailing Address  
 816 MYRTLE TERR  
 816 MYRTLE TERRACE  
 NAPLES, FL 34103 US

00013403



**DO NOT WRITE IN THIS SPACE**

02032005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0031249** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

BUSK, W. CHRISTIAN  
 816 MYRTLE TERRACE  
 NAPLES, FL 34103

**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 \_\_\_\_\_

**FILE NOW!!! - FEE IS \$150.00 -**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUSK, W. CHRISTIAN 816 MYHRTLE TER NAPLES, FL 34103
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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: W. Christian Busk III 2/4/05 (239) 263-7133  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #