


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # K67671 1. Entity Name BUSENBARKS, INC.	
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Principal Place of Business 13081 METRO PKWY. 15 FORT MYERS, FL 33912	Mailing Address 13081 METRO PKWY. 15 FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

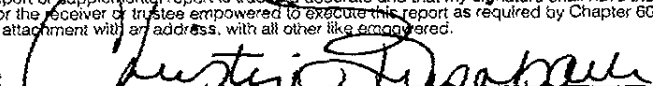
6. Name and Address of Current Registered Agent BUSENBARK, JAMES M 13081 METRO PKWY. #15 FORT MYERS, FL 33912	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		<p>000000122128 04/21/04-80017-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSENBARK, JAMES M 1124 S.E. 33RD TERR. CAPE CORAL, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSENBARK, CHRISTINE 1124 S.E. 33RD TERR. CAPE CORAL, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-19-04</u> Daytime Phone # <u>239-768-2835</u>