

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90288 015 ***150.00

DOCUMENT # K67671	
1. Entity Name BUSENBARKS, INC.	



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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04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0109528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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**

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 *Christine Busenbark* DATE 4-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	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
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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: *Christine Busenbark* DATE 4-15-05 DAYTIME PHONE # 239-768-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christine Busenbark