

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90036 003 \*\*\*158.75

**DOCUMENT # K88836**

1. Entity Name

MELVIN BUSH CONSTRUCTION, INC.



Principal Place of Business

2748 CASELLA ST.  
PORT ST. LUCIE FL 34953

Mailing Address

1131 CAMBRIDGE DR.  
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

2748 SW Casella St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

Zip

Country

Zip

Country

34953

USA

4. FEI Number 59-2950620

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BUSH, STEVEN R.~~  
~~1743 SW A PACHE AVE~~  
~~PORT SAINT LUCIE FL 34953~~

Name

Kevin Bush

Street Address (P.O. Box Number is Not Acceptable)

2598 SW Aberdeen St.

City

Port St. Lucie

FL

Zip Code

34953

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 Kevin Bush

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME BUSH, MELVIN  
STREET ADDRESS 1131 CAMBRIDGE DR.  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE VSD ☐ Delete  
NAME BUSH, JOHANNE  
STREET ADDRESS 1131 CAMBRIDGE DR.  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johanne Bush JOHANNE BUSH

2/3/04

772-336-0623

Daytime Phone #