


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L96965		
1. Entity Name BUSH, AUGSPURGER & LYNCH, P.A.		


Principal Place of Business 3375-C CAPITOL CIRCLE E STE 200 TALLAHASSEE, FL 32308 US	Mailing Address 3375-C CAPITOL CIRCLE E STE 200 TALLAHASSEE, FL 32308 US
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DO NOT WRITE IN THIS SPACE	
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FILED

07 APR 30 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132007 No Chg-P CR2E034 (11/05) 07

4. FEI Number 59-3024169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BUSH, RICHARD BURTON 3375-C CAPITOL CIRCLE NE SUITE 200 TALLAHASSEE, FL 32308	

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BUSH, RICHARD BURTON 3375-C CAPITOL CIRCLE NE STE 200 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUGSPURGER, LISA J 411 E JACKSON STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, PATRICIA A 411 E JACKSON STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07--01013--010 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard B. Beed 4/26/2007 850386766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #