


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90029 050 ***150.00

DOCUMENT # P00000011922
1. Entity Name
BUSHONG INSURANCE ASSOCIATES, INC.



Principal Place of Business Mailing Address
**814 HIGHWAY A1A NORTH
SUITE 101
PONTE VEDRA BEACH FL 32082** **P.O. BOX 1399
PONTE VEDRA BEACH FL 32004**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-3622236 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

**BUSHONG, CHARLES R
814 HIGHWAY A1A, NORTH,
SUITE 101
PONTE VEDRA BEACH FL 32082**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Dir Pres <input type="checkbox"/> Delete	NAME BUSHONG, CHARLES R	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 814 N HIGHWAY A1A, SUITE 101	CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	NAME	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Vice Dir <input type="checkbox"/> Delete	NAME BUSHONG, MELISSA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 814 N HIGHWAY A1A, SUITE 101	CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	NAME	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Vice Pres <input type="checkbox"/> Delete	NAME Faye Leto	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 814 A1A North, Suite 101	CITY-ST-ZIP Ponte Vedra FL 32082	NAME	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Vice Pres <input type="checkbox"/> Delete	NAME Chris Boston	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 814 A1A North, Suite 101	CITY-ST-ZIP Ponte Vedra FL 32082	NAME	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **2/13/06** **(904) 285-4469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #