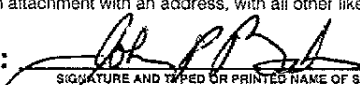


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000019742 1. Entity Name BUSHCO, INC.																																											
Principal Place of Business 9850 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225		Mailing Address 9850 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225																																									
DO NOT WRITE IN THIS SPACE		 04162004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">4. FEI Number 85-0172198</td><td style="width: 40%;">Applied For ☐ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 85-0172198	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																					
4. FEI Number 85-0172198	Applied For ☐ Not Applicable																																										
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent BUSH, JOHN P 9850 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225		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 _____ 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		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>BUSH, TOM M JR.</td></tr><tr><td>STREET ADDRESS</td><td>9850 ATLANTIC BOULEVARD</td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE, FL 32225</td></tr><tr><td>TITLE</td><td>VSTD</td></tr><tr><td>NAME</td><td>BUSH, JOHN P</td></tr><tr><td>STREET ADDRESS</td><td>9850 ATLANTIC BOULEVARD</td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE, FL 32225</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PD	NAME	BUSH, TOM M JR.	STREET ADDRESS	9850 ATLANTIC BOULEVARD	CITY-ST-ZIP	JACKSONVILLE, FL 32225	TITLE	VSTD	NAME	BUSH, JOHN P	STREET ADDRESS	9850 ATLANTIC BOULEVARD	CITY-ST-ZIP	JACKSONVILLE, FL 32225	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE	PD																																										
NAME	BUSH, TOM M JR.																																										
STREET ADDRESS	9850 ATLANTIC BOULEVARD																																										
CITY-ST-ZIP	JACKSONVILLE, FL 32225																																										
TITLE	VSTD																																										
NAME	BUSH, JOHN P																																										
STREET ADDRESS	9850 ATLANTIC BOULEVARD																																										
CITY-ST-ZIP	JACKSONVILLE, FL 32225																																										
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: 		John P Bush 4-22-04 904-725-0911																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #																																								