

STEVENS POWELL CO

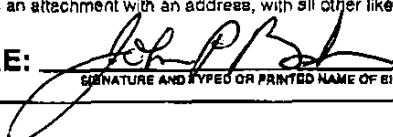
Fax: 904-448-9795

Apr

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90309 002 ***158.75

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04062006 Chg-P CR2E034 (11/05)	
City & State		City & State			
Zip	Country	Zip	Country		
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	
7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, TOM M JR. 9850 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	13. SIGNATURE:  John P Bush President 4-11-06 904-725-0911 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BUSH, JOHN P 9850 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Bush, John P 9850 Atlantic Blvd Jacksonville, FL 32225 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUSH, TOM M. III Vice Pres. 9850 Atlantic Blvd Director Jacksonville, FL 32225 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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