

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90014 004 \*\*\*150.00

**DOCUMENT # P01000042348**

1. Entity Name  
**BRUCE BUSH CONSTRUCTION, INC.**



Principal Place of Business  
**7334 S LAKE JOANNA DR  
PANAMA CITY, FL 32404**

Mailing Address  
**P O BOX 6483  
PANAMA CITY, FL 32401 US**



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

02262007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

01-0623960

Applied For

Not Applicable

Zip

Country

Zip

Country

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, BRUCE  
7334 S LAKE JOANNA DR  
PANAMA CITY, FL 32404**

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 transferring)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**PRES  
BUSH, BRUCE  
P O BOX 6483  
PANAMA CITY, FL 32401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #