


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 012 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P01000045429</b><br>1. Entity Name<br><b>SHAWN A. BUSH, P.A.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>407 WILDERNESS DRIVE<br/>CLERMONT, FL 32779</b>   |  |   | Mailing Address<br><b>717 E. OAK STREET<br/>KISSIMMEE, FL 34758</b> |  |  |
| 2. Principal Place of Business<br><b>9575 Wickham Way</b>   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| City & State<br><b>Orlando, FL</b>  |  | City & State  |   | 4. FEI Number<br><b>59-3716609</b>   |  |
| Zip<br><b>32836</b>   |  | Country<br><b>US</b>  |   | Applied For<br>Not Applicable  |  |
| Zip<br><b>32836</b>   |  | Country<br><b>US</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BUSH, SHAWN A.<br/>407 WILDERNESS DRIVE<br/>LONGWOOD, FL 32779</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9575 Wickham Way</b><br>City <b>Orlando,</b> <b>FL</b> Zip Code <b>32836</b> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD <input type="checkbox"/> Delete<br><b>BUSH, SHAWN A<br/>407 WILDERNESS DRIVE<br/>LONGWOOD, FL 32779</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>9575 Wickham Way<br/>Orlando, FL 32836</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | Date <b>2/28/06</b> Daytime Phone # _____                           |  |  |

Attachment

40025615

#P01000045429

MINUTES OF THE 2005 ANNUAL MEETING OF THE SHAREHOLDER  
AND DIRECTOR OF  
SHAWN A. BUSH, P. A.

The annual meeting of the Shareholder and Director of Shawn A. Bush, P. A. was held on April 25, 2005 at 10:00 A.M. at 717 East Oak Street, Kissimmee, FL 34744.

The President presided over the meeting and the Secretary kept the minutes. The meeting was called to order by the President and roll was called. The following shareholders were present:

| <u>NAME</u>   | <u>NO. OF SHARES ENTITLED TO VOTE</u> |
|---------------|---------------------------------------|
| Shawn A. Bush | 1,000                                 |

ITEM I

The first item of business was the report of the corporate business and finances by the President.

ITEM II

The second item of business was the election of directors for a one-year term. The President called for the nomination of one director. Upon motion duly made and seconded, the following person was elected as director:

Shawn A. Bush

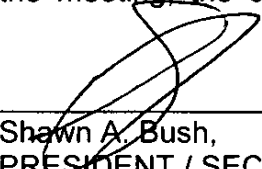
ITEM III

The third item of business taken up was the appointment of officers of the corporation. A motion was made to appoint the following persons as officers of the corporation:

President: Shawn A. Bush  
Secretary / Treasurer: Shawn A. Bush

RESOLVED, that the foregoing named person(s) shall hold the office of the corporation as stated for a term of one (1) year or until such time as the Board of Directors may determine from the time.

No further business having been brought to the meeting, the chairman then called for adjournment, seconded and carried.

  
\_\_\_\_\_  
Shawn A. Bush,  
PRESIDENT / SECRETARY