2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 10, 2004 8:00 am Secretary of State

		AITHUAL	IXET OIL I			S	ecreta	ry of S	ltai	te	
DOCUMENT # P03000044023 1. Enlity Name VICTORIA L. BUSH, P.A.						Secretary of State 09-10-2004 90001 039 ***158.75					
Principal Place of Business 198 LOCUST				D /3		-		540	722	57	
						1 14 60 60 60 00	11111 1111 1111 1111 11	No 1190 1014 1010 1114	(1 111 1111	10 8 101	
	N. Ma	ness agnolia Ave.	3. Mailing Address PO Box 610	8							
Suite, Apt. 403	#, etc.		Suite, Apt. #, etc.			08172004	Chg-P	CR2E034 (1	0/03)		
City & State			City & State			4. FEI Numbe			Apr	olied For	
	La F	, 	Ocala FL			20-0	407314			Applicable	
^{Zip} 344		Country	34478	^C Mario	n	<u></u>	of Status Desired	Fee F	75 Addit		
	6. Name	and Address of Current F	Registered Agent	Name		7. Name and	Address of New	Registered Agent			
BUSH, VIC		_			A wlaters of	O. Davids	. ia Niu Aliinatus	(-3			
198 LOCUST POINT OCALA, FL 34472-9373			•	Street	Street Address (P.O. Box Number is Not Acceptable)						
	i,			City				FL Z	ip Code		
-8: The above	named enti	y submits this statement for	the purpose of changing its	registered office	or register	ed agent, or bot	h, in the State of F	lorida. I am Iamilia	ar with, a	and accept	
the obligat	ions of regis	tered agent.									
ŞIGNATURE_	Signature, types	or printed name of registered agent a	nd title if applicable. (NOT)	E: Registered Agent sign	ature required	when reinstating)		DATE			
		l FEE IS \$150.00 ptember 8, 2004	9. Election Campa Trust Fund Cont	• • -		.00 May Be led to Fees		with s. 607.193 not receive the			
10.	, <u>-</u>	OFFICERS AND I	DIRECTORS	11,		ADDITIONS/	CHANGES TO OF	FICERS AND DIRE	ECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	198 LOC	ICTORIA L UST POINT FL 344729373	☐ Delate	TITLE NAME STREET ADDRESS					Change	Addition	
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TITLE	<u> </u>		☐ Delete	TITLE					Change	Addition	
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of the co	on this teb	on or supplemental report is	this filing does not qualify to true and accurate and that owered to execute this repor with all other live employered	or the exemption s my signature shall	tated in Solidated	ection 119.07(3) same legal elle 7, Florida Statute	(i), Florida Statute of as il made unde es; and that my na	s. I lunher certity the oath; that I am a me appears in Bio	nat the in n officer ock 10 or	Normation or director (Block 11 if	

2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL R	EPORT		,						
DOCUMENT # P0300004402 1. Entity Name VICTORIA L. BUSH, P.A.		Attachment							
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Principal Place of Business N	failing Address					_	_		
	198 LOCUST Point RD OCALA, FL 34472-9373		5	407	22	(2	7		
2. Principal Place of Business LIA AVE 3.	Mailing Address (210)								
Suite, Apt. #, etc.		08112004	Chg-P	CR2E034	(10/03)				
City & State FL (Site State FL		4. FEI Number	07314			olied For Applicable		
34475 County	Zip Count	ι,	5. Certificate of	Status Desired		8.75 Addit			
6. Name and Address of Current Regi	stered Agent	7. Name and Address of New Registered Agent							
BUSH, VICTORIA L		Name Street Address (P.O. Box Number is Not Acceptable)							
198 LOCUST -POINT RD OCALA, FL 34472-9373				- Total Coopius o	,				
1 1 2		City			FL	Zip Code	5		
8. The above named entity submits this statement for the	purpose of changing its registere	ed office or register	red agent, or both,	in the State of Flo		niliar with, a	ınd accept		
the obligations of registered agent.		•	-			-			
SIGNATURE Signature, typed or printed name of registered agant and titl	e il applicable. (NOTE: Registered	d Agent signature required	when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be	In accordance w corporation did i	rith s. 607.1 not receive	93(2)(b), F the prior n	S., the otice.		
10. OFFICERS AND DIRE			ADDITIONS/CH	HANGES TO OFFI					
TITLE D NAME BUSH, VICTORIA L STREET ADDRESS CITY-ST-ZIP OCALA,	Delete TITLE NAMI STRE				ł	Change	Addition		
TITLE		-			ļ	Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	CHECK	ESS							
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CITY-ST-ZIP	GS DEPT	. !				☐ Change	☐ Addition		
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TITLE OF OT				-		☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP		IESS			٠				
TITLE						Change	☐ Addition		
NAME STREET ADDRESS		an resemBSS							
CITY-ST-ZIP 12. I hereby certify that the information supplied with this	filing does not qualify for the exe	-ST-ZIP mption stated in Se	ection 119.07(3)(i).	Florida Statutes.	I further certi	ly that the in	formation		
indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with	e and accurate and that my signa red to execute this report as requi	ture shall have the	same legal effect :	as if made under d	oath that Lar	n an officer	or director		
SIGNATURE:	ED NAME OF SIGNING OFFICED OF DIDEC.	TAR		Date		rime Phone # **			