


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90074 040 ***150.00

DOCUMENT # P03000044023	
1. Entity Name VICTORIA L. BUSH, P.A.	

Principal Place of Business 108 N. MAGNOLIA AVE. # 403 OCALA FL 34475	Mailing Address PO BOX 6108 OCALA FL 34478
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2. Principal Place of Business - No P.O. Box # 34475	3. Mailing Address P.O. Box 6108 Ocala, FL 34478
Suite, Apt. #, etc. #403	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Ocala, FL	City & State Ocala, FL	4. FEI Number 20-0407314	Applied For <input type="checkbox"/> Not Applicable
Zip 34475	Country U.S.A.	Zip 34478	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSH, VICTORIA L. 108 N. MAGNOLIA AVE. OCALA FL 34475		Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
Bush, Victoria L. 108 N. Magnolia Ave. Ocala, FL #403 34475			

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 *Victoria L. Bush* *Victoria L. Bush* *attorney at law* *1-19-07*
Signature, typed or printed name of registered agent and fee if applicable (NOT Registered Agent Signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY ST ZIP	MRS. BUSH, VICTORIA L 108 N. MAGNOLIA AVE OCALA FL 34475	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	108 N. Magnolia Ave Ocala, FL 34478						
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 Section 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.

SIGNATURE: *Victoria L. Bush* *Victoria L. Bush* *1-19-07* *352-432-3700*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #