

FROM : JUDY'S

PHONE NO. : 813 397 5

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90413 041 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000136990

1. Entity Name
DON LUSBY BUSHHOGGING, INC.

Principal Place of Business

2409 LENA RD.
 BRADENTON, FL 34211

Mailing Address

2409 LENA RD.
 BRADENTON, FL 34211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0409262

Applied For

Not Applicable

5. Certificates of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DEPAOLA, JASON M
 1205 MANATEE AVE. WEST
 BRADENTON, FL 34205

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 date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
 True: Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **Owner**
 STREET ADDRESS **Ronald Lusby**
 CITY-STATE-ZIP **2409 Lena Rd. Bradenton**
FL 34211

TITLE ☐ Delete
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 CITY-STATE-ZIP

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 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 807, 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone