FROM : JUDY'S PHONE NO. : 813 397

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90490 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000136990

1. Entity Name
DON LUSBY BUSH HOGGING 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

04272005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0409262 | Applied For | Not Applicable

5. Certificate 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

7. Name and Address of New Registered Agent
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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	O	Delete	TITLE		Change / Addition
NAME	LUSBU, DONALD		NAME	Lusby Donald	
STREET ADDRESS	2409 LENR RD.		STREET ADDRESS	2409 Lena Rd	
CITY-ST-ZIP	BRADENTON, FL 34211		CITY-ST-ZIP		
TITLE		Delete	TITLE		Change / Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		Change / Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		Change / Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		Change / Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		Change / Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 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: Donald S. Lusby – [signature] 4-28-05 941-704-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #