

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90005 022 ***150.00

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| 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 | 4. FEI Number 20-0409262 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of Now Registered Agent | |
| DEPAOLA, JASON M 1205 MANATEE AVE. WEST BRADENTON, FL 34205 | | | | Name Don Lusby Street Address (P.O. Box Number is Not Acceptable) 2409 Lena Rd. City Bradenton FL Zip Code 34211 | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="radio"/> O LUSBY, DONALD 2409 LENA RD BRADENTON, FL 34211 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2409 Lena Rd. | |
| 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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| 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. | | | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2-14-06 <small>Date</small> | | 941-704-1494 <small>Daytime Phone #</small> |