

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90111 004 ***150.00

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1. Entity Name

BUSH ELECTRIC, INC.

Principal Place of Business

955 FALLING WATERS ROAD
CHIPLEY FL 32428

Mailing Address

955 FALLING WATERS ROAD
CHIPLEY FL 32428



2. Principal Place of Business

450 Tri-County Road

3. Mailing Address

450 Tri-County Road

Subsidiary, Apt. #, etc.

GRACEVILLE FL

Subsidiary, Apt. #, etc.

GRACEVILLE FL

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

32440

Country

U.S.

Zip

32440

Country

U.S.

4. FEI Number

51-0490815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSH, THOMAS M
955 FALLING WATERS ROAD
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name BUSH, THOMAS M

Street Address (P.O. Box Number is Not Acceptable)

450 Tri-County Road

City GRACEVILLE

FL

Zip Code

32440

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

Thomas Michael Bush

THOMAS MICHAEL BUSH

4-4-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME BUSH, THOMAS M
STREET ADDRESS 955 FALLING WATERS ROAD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 450 Tri-County Road
CITY-ST-ZIP GRACEVILLE, FLORIDA 32440

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

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

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

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:

Thomas Michael Bush

THOMAS MICHAEL BUSH

Date

4-4-06 (850) 263-3140

Daytime Phone #