2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90059 003 ***158.75

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1. Entity Name
CUSHMAN SERVICES, INC

50062598

Principal Place of Business	Mailing Address
3906 E. SILVER SPRINGS BLVD. APT 3 OCALA, FL 34470 US	3906 E. SILVER SPRINGS BLVD. APT 3 OCALA, FL 34470 US

08112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2304 NE 32nd Place	2304 NE 32nd Place
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State: Ocala, Florida
Zip: 34479 Country: US	Zip: 34479 Country: US

4. FEI Number: 200925966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUSHMAN, MICHAEL 3906 E SILVER SPRINGS BLVD APT 3 OCALA, FL 34470	Name: Cushman, Michael Street Address (P.O. Box Number is Not Acceptable): 2304 NE 32nd Place City: Ocala FL Zip Code: 34479

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: Michael Cushman 08-18-05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,ST CUSHMAN, MICHAEL 3906 E SILVER SPRINGS BLVD APT 3 OCALA, FL 34470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Michael Cushman Michael Cushman 352-812-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #