2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000070422

1. Entity Name BUSCH WAREHOUSES, INC.



FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90447 050 ***150.00

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Principal Place of Business				Mailing Address							
750 LAKE JESSIE DR WINTER HAVEN, FL 33881				750 LAKE JESSIE DR WINTER HAVEN, FL 33881			1		~ ~		_
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02022006	Chg-P	CR2E	034 (11/05)	
City & State				City & State			4. FEI Numb				oplied For ot Applicable
Zip	Country			Zip Count		try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current R				egistered Agent Nam			7. Name and	Address of New	Registered	Agent	
BUSCH, BRENDA 750 LAKE JESSIE DR WINTER HAVEN, FL 33881						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	le
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 NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS	AND DIRE	CTORS	11,		ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BRENDA E JESSIE DR HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s					E IE EET ADDRESS '-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST+ZIP	is .			Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
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.											
SIGNAT	URE: _	SIGNATURE AND TYPE	D OR PRINTE	MAKE OF SIGNING OFFICER		ta Busa	<u>uh</u>	Date Date	06	Daytime Phone #	