

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90052 045 ***150.00

DOCUMENT # P04000152493					
1. Entity Name BUSH BUSTERS, INC.					
Principal Place of Business POST OFFICE BOX 495268 PORT CHARLOTTE, FL 33949-5268 US			Mailing Address POST OFFICE BOX 495268 PORT CHARLOTTE, FL 33949-5268 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0528788	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPKINS, DAVID L 3355 SAND ROAD CAPE CORAL, FL 33993			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	NAME HOPKINS, DAVID L		<input type="checkbox"/> Delete		
STREET ADDRESS 3355 SAND ROAD	CITY-ST-ZIP CAPE CORAL, FL 33993		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME STACHOWSKI, CHRISTIAN A		<input type="checkbox"/> Delete		
STREET ADDRESS 1157 WARE AVENUE	CITY-ST-ZIP PORT CHARLOTTE, FL 33948		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME CAMPBELL, James M.		<input type="checkbox"/> Delete		
STREET ADDRESS 23104 CENTRAL AVENUE	CITY-ST-ZIP CHARLOTTE HARBOR FL 33980-3215		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>David L Hopkins</i>			2/8/2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		