


FILED  
Apr 03, 2006 8:00 am  
Secretary of State

03-21-2006 90042 041 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000047367			
1. Entity Name BRUCE BUSH'S TREE AND LAWN SERVICE, INC.			
Principal Place of Business 28 CLOVERLEAF BYPASS LAKE PLACID, FL 33852		Mailing Address 28 CLOVERLEAF BYPASS LAKE PLACID, FL 33852	
2. Principal Place of Business P.O. BOX 338 LAKE PLACID, FLA		3. Mailing Address P.O. BOX 338 LAKE PLACID, FLA.	
Suite, Apt. #, etc. LAKE PLACID, FLA		Suite, Apt. #, etc. LAKE PLACID, FLA.	
City & State		City & State	
Zip 33862	Country USA	Zip 33862	Country USA
4. FEI Number 56-2508915		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BUSH, BRUCE D 28 CLOVERLEAF BYPASS LAKE PLACID, FL 33852 P.O. BOX 338 33862		7. Name and Address of New Registered Agent Name BUSH, BRUCE D. Street Address (P.O. Box Number is Not Acceptable) 804 Seneca Drive Northwest City Lake Placid FL Zip Code 33852	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</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	PD BUSH, BRUCE D 28 CLOVERLEAF BYPASS LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. BOX 338 LAKE PLACID, FLA. 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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
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: <u>Bruce D. Bush</u> Bruce D. Bush		Date 1/26/06 863-465-9546 Daytime Phone #	