

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90022 010 \*\*\*150.00

**DOCUMENT # P07000018232**

1. Entity Name  
**BUSHNELL MAJESTIC OAKS, INC.**



Principal Place of Business

~~1969 C.R. 476~~  
**BUSHNELL, FL 33513**

Mailing Address

~~1969 C.R. 476~~  
**BUSHNELL, FL 33513**

**60024191**



2. Principal Place of Business - No P.O. Box #

**6836 SW 19th Dr.**

3. Mailing Address

**P.O. Box 2693**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-P CR2E034 (12/06)

City & State

**Bushnell, FL**

City & State

**Bushnell FL**

4. FEI Number

**26-2315117**

Applied For

Not Applicable

Zip

**33513**

Country

Zip

**33513**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WADE, JAMES E III  
110 BUSHNELL PLAZA  
BUSHNELL, FL 33513**

7. Name and Address of New Registered Agent

Name **Harold A. Schuh**

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

**6836 SW 19th Drive**

City **Bushnell**

**FL**

Zip Code **33513**

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

*Harold A. Schuh*

**Harold A. Schuh**

**4-8-08**

(Print or type name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SCHUH, HAROLD A**  
STREET ADDRESS ~~**1969 C.R. 476**~~  
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE **STD** ☐ Delete  
NAME **SCHUH, SHIRLEY L**  
STREET ADDRESS ~~**1969 C.R. 476**~~  
CITY-ST-ZIP **BUSHNELL, FL 33513**

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 **PD** ☒ Change ☐ Addition  
NAME **HAROLD A. SCHUH**  
STREET ADDRESS **PO Box 2693**  
CITY-ST-ZIP **Bushnell, FL 33513**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Shirley L. Schuh**  
STREET ADDRESS **PO Box 2693**  
CITY-ST-ZIP **Bushnell, FL 33513**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Shirley L. Schuh* **Shirley L. Schuh**

**4/2/2008**

**727-858-5685**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #