## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P93000037247** 04-11-2005 90139 050 \*\*\*150.00 JERRY BUSH, INC. Principal Place of Business Mailing Address TOOTION 1311 NW 5TH AVE **1311 NW 5TH AVE** GAINESVILLE, FL 32603 GAINESVILLE, FL 32603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-3182084 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSH, LINDA W Street Address (P.O. Box Number is Not Acceptable) 1311 NW 5TH AVENUE GAINESVILLE, FL 32603 City Zip Code FL 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 apolicable. INOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VΡ TITLE ☐ Defete TITLE ☐ Addition **BUSH, JENNIFER** NAME NAME STREET ADDRESS 3303 NW 156TH AVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32609 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change BUSH, LINDA W NAME NAME 1311 NW 5TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32603 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR

352 - 378-452

**FILED**