

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000037098

1. Entity Name
BUSH-THOMPSON INSURANCE, INC.



Principal Place of Business
**2254 PARK AVE
ORANGE PARK, FL 32073 US**

Mailing Address
**2254 PARK AVE
ORANGE PARK, FL 32073 US**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3238458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BUSH, GEORGE A
2254 PARK AVE
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

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 NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000040059
02/09/04-80032-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUSH, GEORGE A
STREET ADDRESS 2303 CARNES ST
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE V
NAME THOMPSON, SAMUEL E
STREET ADDRESS 2848 HOLLYBAY RD
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE STD
NAME THOMPSON, MELINDA L
STREET ADDRESS 2848 HOLLYBAY RD
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MELINDA L. THOMPSON