2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED DOCUMENT # P96000030593 06 JUN 26 PM 12: 35 1. Entity Name BUSH CONSTRUCTION COMPANY, INC. TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 3490 ST AUGUSTINE ROAD 3490 ST AUGUSTINE ROAD JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06212006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3372223 Not Applicable Zip Country 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 **BUSH, PHYLLIS A** 11790 TIERRA VERDE LANE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL. 32258 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 12406 SIGNATURE ted name of registered agent and title if applicable (NOTE: Redistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE BUSH, PAUL J NAME NAME 11790 TIERRA VERDE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32258 CITY-ST-ZIP VDVD **Addition** Delete TITLE Change TITLE BUSH, PHYLLIS BUSH BERNARD J NAME NAME 11790 Tierra Verde Lane 2625 HEYBE DOWLING COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP Jax FL 32258 STD STD TITLE ☐ Delete TITLE 🔽 Change ☐ Addition BUSH, PHYLLIS BUSH, PHYLLIS A NAME NAME 11790 TIERRAVERDE LN 11790 STREET ADDRESS 1790 TIERRA VERDE LANE STREET ADDRESS JACKSONVILLE, FL 32258 CITY-ST-ZIP CITY-ST-7IP JAX FL 32258 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME 800077079718 STREET ADDRESS STREET ADDRESS n7/06/06--01041--005 \*\*61.25 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 jeport 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/06 904-399-2300