

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000091669

1. Entity Name  
PUSH, INCORPORATED



Principal Place of Business

150 N. ORANGE AVE.  
SUITE 300  
ORLANDO, FL 32801

Mailing Address

150 N. ORANGE AVE  
SUITE 300  
ORLANDO, FL 32801

**FILED**  
**Aug 20, 2008 08:00 AM**  
**Secretary of State**



08082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3440207

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**

DE BEAUBIEN, HUGO M  
332 N. MAGNOLIA AVENUE  
ORLANDO, FL 32801

**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

U00000958037  
08/20/08-80003-005 558.75

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WAHL, RICHARD C
STREET ADDRESS	150 N. ORANGE AVE. SUITE 300
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	ST
NAME	LUDWIG, JOHN L
STREET ADDRESS	150 N. ORANGE AVE. SUITE 300
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	ROBB, CHRISTOPHER
STREET ADDRESS	150 N. ORANGE AVE. SUITE 300
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/13/08