

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90079 011 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # P96000103428 1. Entity Name LAMBRIX/BUSH WAREHOUSING, INC. | | | |
| Principal Place of Business 8140 BLAIEKIE COURT UNIT D SARASOTA, FL 34240 | | Mailing Address 8140 BLAIEKIE CT. UNIT D SARASOTA, FL 34240 | |
| 2. Principal Place of Business 1240 Ogden ROAD Suite, Apt. #, etc. | | 3. Mailing Address 1240 Ogden ROAD Suite, Apt. #, etc. | |
| City & State Venice, FL Zip 34285 Country USA | | City & State Venice, FL Zip 34285 Country USA | |
| 4. FEI Number 65-0738296 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 03152004 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent BUSH, DIANE R 8140 BLAIEKIE COURT UNIT D SARASOTA, FL 34240 | | 7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 1240 Ogden ROAD City: Venice FL Zip Code: 34285 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BUSH, JOHN W 8140 BLAIEKIE CT. UNIT D SARASOTA, FL 34240 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1240 Ogden ROAD Venice, FL 34285 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST BUSH, DIANE R 8140 BLAIEKIE CT., UNIT D SARASOTA, FL 34240 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1240 Ogden ROAD Venice, FL 34285 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. | | | |
| SIGNATURE: <u>Diane R. Bush</u> DIANE R. Bush 3/19/04 (941)951-2447 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |