## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT

**DOCUMENT # P97000013288** 

1. Entity Name JEFF BUSBY LANDCLEARING, INC.

Principal Place of Business

3926 REINHART VILLAGE ROAD MILTON, FL 32583

Mailing Address

4959 LANDMARK LN MILTON, FL 32571

**FILED** Mar 17, 2004 08:00 AM **Secretary of State** 



03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3422921

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BUSBY, JEFFREY L 3926 REINHART VILLAGE ROAD MILTON, FL 32583

## DO NOT WRITE IN THIS SDACE

·				HV	INIS SPACE
8. The above the obligati	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typad or printed name of registered agont and title it applicable. (INDTE Rogistered Agent signature required when reinstalling) DATE					
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	0000000000211 03/17/04-80003-010 150.00
10. OFFICERS AND DIRECTORS					
THEE NAME STREET ADDRESS CITY ST-ZP	D BUSBY, JEFFREY L 3926 REINHART VILLAGE ROAD MILTON, FL 32583				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSBY, BOBBY 4959 LANDMARK LANE PACE, FL 32571	-			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUSBY, JASON 4017 THOMAS ST MILTON, FL 32571			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CRY+ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

THE NAME STREET ADDRESS CATY - ST-ZIP