

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000091900

1. Entity Name  
KATHLEEN BUSH CHISMARK AND ASSOCIATES, INC.



FILED

04 FEB -3 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~4001 ALT A1A~~  
JUPITER, FL 33477

Mailing Address  
PO BOX 221345  
WEST PALM BEACH, FL 33422



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0822386

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATHLEEN, BUSH  
4552 BROOK DR.  
WEST PALM BEACH, FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

700028312497

02/06/04--01003--015 \*\*150.00

City

FL

Zip Code

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

*Kathleen Bush*

1/29/04

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BUSH</b> CHISMARK, KATHLEEN B PO BOX 221345 WEST PALM BEACH, FL 33422	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Kathleen Bush*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 Pres.

Date Day/Mo/Phone #