

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091900

**FILED**  
**Jun 30, 2005**  
**Secretary of State**

**Entity Name:** KATHLEEN BUSH CHISMARK AND ASSOCIATES, INC.

**Current Principal Place of Business:**

1001 ALT A1A  
JUPITER, FL 33477

**New Principal Place of Business:**

4552 BROOK DRIVE  
WEST PALM BEACH, FL 33422

**Current Mailing Address:**

PO BOX 221345  
WEST PALM BEACH, FL 33422

**New Mailing Address:**

FEI Number: 65-0822386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUSH, KATHLEEN B  
Address: PO BOX 221345  
City-St-Zip: WEST PALM BEACH, FL 33422

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN BUSH

PRES

06/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date