2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000101879 1. Entity Name BUSH AND HENNING, INC.			-
	dress ITER PARK ROAD D, FL 32803		•
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent		03312004 4. FEI Numt 59-348 5. Certificate	ber Applied For
BUSH, ELAINE J 1862 WINTER PARK ROAD ORLANDO, FL 32803			NOT WRITE 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			
After May 1, 2004 Fee will be \$550.00	ection Campaign Financing ust Fund Contribution.	\$5.00 May Be Added to Fees	04/30/04-80023-004 150.00
10. OFFICERS AND DIRECTORS TITLE DPS BUSH, ELAINE J STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE DPVT NAME HENNING, JENNIFER S STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803			
TITLE NAME STREET ADDRESS GITY - ST - ZIP TITLE NAME STREET ADDRESS GITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does indicated on this report or supplemental report is true and accurate the corporation or the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver of the corporation of the receiver or trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of the corporation of the receiver	not qualify for the exemption state rate and that my signature shall hat the this report as required by Char	d in Section 119.07(3) we the same legal effe- ter 607. Bodda States)(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if