2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2008 08:00 A DOCUMENT # P98000002778 1. Entity Name **Secretary of State** BUSHCO LANDSCAPING, INC. Principal Place of Business Mailing Address 439 FRANKLIN AVE INDIATLANTIC FL 32903 439 FRANKLIN AVE INDIATLANTIC FL 32903 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3485950 Not Applicable Zio Country Zic Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSHE, ALLAN E Street Address (P.O. Box Number is Not Acceptable) 439 FRANKLIN AVE INDIATLANTIC FL 32903 City 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITL F Addition U00000865657 04/07/08-80037-014 150.00 NAME BUSHE, ALLAN E NAME STREET ADDRESS 439 FRANKLIN AVE STREET ADDRESS INDIATLANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete ☐ Addition TITLE TITLE ☐ Change NAME BUSHE, LINDA M HAME STREET ADDRESS STREET ADDRESS 439 FRANKLIN AVE CITY-ST-ZIP INDIATLANTIC FL 32903 CITY-ST-7IP THUE Dalete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY+ST-ZiP ☐ Daiete YITE F Change Addition 10110 SMALL NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CRY-ST-ZIP Change Addition ☐ Deiete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED