

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90281 014 \*\*\*150.00

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>DOCUMENT # V03008</b><br>1. Entity Name<br><b>ANDERSON &amp; RUSH, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                          |                                                                                                                        |                                                                                                                                              |                                                                  |
| Principal Place of Business<br><b>322 EAST CENTRAL BLVD.<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                          | Mailing Address<br><b>PO BOX 547429<br/>ORLANDO, FL 32854</b>                                                          |                                                                                                                                                                                                                               |                                                                  |
| 2. Principal Place of Business<br><b>816 LAKE ADAIR BLVD.</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | 3. Mailing Address<br><b>816 LAKE ADAIR BLVD.</b><br>Suite, Apt. #, etc. |                                                                                                                        |                                                                                                                                             |                                                                  |
| City & State<br><b>ORLANDO, FL</b><br>Zip<br><b>32804</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  | City & State<br><b>ORLANDO, FL</b><br>Zip<br><b>32804</b>                |                                                                                                                        | 4. FEI Number<br><b>59-3155885</b>                                                                                                                                                                                            |                                                                  |
| Country<br><b>ORANGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | Country<br><b>ORANGE</b>                                                 |                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                               |                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>RUSH, JAMES K.<br/>2875 LAKE SHORE DR<br/>ORLANDO, FL 32803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                          |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br><b>JAMES K. RUSH</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>816 LAKE ADAIR BLVD.</b><br>City<br><b>ORLANDO</b> <b>FL</b> Zip Code<br><b>32804</b> |                                                                  |
| 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.<br><br>SIGNATURE <u><i>James K. Rush</i></u> DATE <u>4/25/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                       |                                                                  |                                                                          |                                                                                                                        |                                                                                                                                                                                                                               |                                                                  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                               |                                                                  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                          |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                         |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>RUSH, JAMES K<br>816 LAKE ADAIR BLVD.<br>ORLANDO, FL 32804 | <input type="checkbox"/> Delete                                          |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | PD<br>JAMES K. RUSH<br>816 LAKE ADAIR BLVD.<br>ORLANDO, FL 32804 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                                                        |                                                                                                                                                                                                                               |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                                                        |                                                                                                                                                                                                                               |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                                                        |                                                                                                                                                                                                                               |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                                                        |                                                                                                                                                                                                                               |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                                                        |                                                                                                                                                                                                                               |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  | <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: <u><i>James K. Rush</i></u> <b>JAMES K. RUSH</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                          |                                                                                                                        | <u>4/25/05</u> <b>407-422-3893</b><br><small>Date Daytime Phone</small>                                                                                                                                                       |                                                                  |