## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # G93038** 04-23-2004 90227 048 \*\*\*150.00 1. Entity Name BUCK & BUCK, INC.. Principal Place of Business Mailing Address **94060803** C/O CATHERINE B. WHATLEY C/O CATHERINE B. WHATLEY 1709 ST JOHNS BLUFF RD. 1709 ST JOHNS BLUFF RD. JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 2. Principal Place of Business 3. Mailing Address RD, RD. <u>9137 MERRILL</u> 9137 MERRI Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number ACKSONVILL 59-2421481 Not Applicable JACKSONVI \$8.75 Additional 32225 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHATLEY, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 10932 RALEY CREEK DR S. JACKSONVILLE, FL 32225 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing\_ \$5.00 May Be. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change Addition TITLE WHATLEY, CATHERINE B PD NAME NAME 10932 RALEY CREEK DR \$ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP - Change Addition □ Delete TITLE BUCK, JAMES O NAME NAME STREET ADDRESS 1922 HOLLY OAKS RAVINE STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

FILED