


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03029**  
 1. Entity Name  
**FLORIDA ANTIQUE BUCKET BRIGADE, INC.**



Principal Place of Business % JAMES BRIGGS 6855 GREEN SWAMP RD CLERMONT, FL 34711 US	Mailing Address %JAMES BRIGGS 6855 GREEN SWAMP RD CLERMONT, FL 34711 US
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0066578	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 BRIGGS, JAMES  
 6855 GREEN SWAMP RD  
 CLERMONT, FL 34711

**DO NOT WRITE IN 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CZAPLICKI, RON 310 SW 70 TERR PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEIFFER, HOWARD 46 CORMORANT CT. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIGGS, JAMES 6855 GREEN SWAMP ROAD CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILL, PAM 265 TURNER RD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000005737  
 01/15/04-80003-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:** *Pamela E Gill* **1-12-04 386-329-9188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #