


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90135 002 \*\*\*\*61.25

**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


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip 34714 Country

40043793



02012006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 65-0066578

Applied For  
 Not Applicable

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 34714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CZAPLICKI, RON	
STREET ADDRESS	6780 GREEN SWAMP ROAD	
CITY-ST-ZIP	CLERMONT, FL 34714	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PEIFFER, HOWARD	
STREET ADDRESS	46 CORMORANT CT.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRIGGS, JAMES	
STREET ADDRESS	6855 GREEN SWAMP ROAD	
CITY-ST-ZIP	CLERMONT, FL 34714	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GILL, PAM	
STREET ADDRESS	265 TURNER RD	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN PEAVY	
STREET ADDRESS	1755 CEDAR BAY RD,	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: James Briggs (JAMES BRIGGS) FEB. 3, 2006 352 394 8709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #