


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90144 042 \*\*\*\*61.25

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



Principal Place of Business  
**% JAMES BRIGGS**  
**6855 GREEN SWAMP RD**  
**CLERMONT, FL 34714 US**

Mailing Address  
**% JAMES BRIGGS**  
**6855 GREEN SWAMP RD**  
**CLERMONT, FL 34714 US**



2. Principal Place of Business - No P.O. Box #  
**PO JOHN S. GASPAR**  
 Suite, Apt. #, etc.  
**11 KODIAK PATH**

3. Mailing Address  
**JOHN S. GASPAR**  
 Suite, Apt. #, etc.  
**11 KODIAK PATH**

01112007 Chg-NP CR2E037 (12/06)

City & State  
**ORMOND BEACH, FL**

City & State  
**ORMOND BEACH, FL**

Zip  
**32174** Country  
**U.S.**

Zip  
**32174** Country  
**U.S.**

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  
**GASPAR JOHN S.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11 KODIAK PATH**  
 City  
**ORMOND BEACH** FL Zip Code  
**32174**

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 **JOHN S. GASPAR, SECRETARY** *John S. Gaspar* **3-15-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CZAPLICKI, RON 6780 GREEN SWAMP ROAD CLERMONT, FL 34714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEIFFER, HOWARD 46 CORMORANT CT. PALM COAST, FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIGGS, JAMES 6855 GREEN SWAMP ROAD CLERMONT, FL 34714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEAVY, JOHN 1755 CEDAR BAY RD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GASPAR, JOHN S. 11 KODIAK PATH ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John S. Gaspar* **3-15-07** **386-672-0274**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #