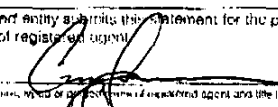
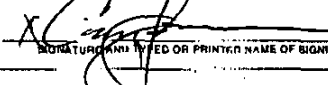


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90311 016 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000143269			
1. Entity Name BUCKWHEAT, INC.			
Principal Place of Business NOTINGHAM SQUARE, 1239 S SUNCOAST BLVD STE 1 HOMOSASSA, FL 34448		Mailing Address NOTINGHAM SQUARE, 1239 S SUNCOAST BLVD STE 1 HOMOSASSA, FL 34448	
2. Principal Place of Business 109 N Seminole Ave Suite, Apt. #, etc.		3. Mailing Address 109 N Seminole Ave Suite, Apt. #, etc.	
City & State Inverness FL		City & State Inverness FL	
Zip 34450	Country USA	Zip 34450	Country USA
4. PFT Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENSEN, CARY NOTINGHAM SQUARE, 1239 S SUNCOAST BLVD STE 1 HOMOSASSA, FL 34448		7. Name and Address of Now Registered Agent Name Cary Jensen Street Address (P.O. Box Number is Not Acceptable) 109 N Seminole Ave City Inverness FL Zip Code 34450	
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 4-21-05	
NOTE: Registered Agent signature is required when registering.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENSEN, CARY 1239 S. SUNCOAST BLVD., #1 HOMOSASSA, FL 34448 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	109 N Seminole Ave Inverness FL 34450 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JENSEN, BRENDA 1239 S. SUNCOAST BLVD., #1 HOMOSASSA, FL 34448 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	109 N Seminole Ave Inverness FL 34450 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 or authorized to execute this report as required by Chapter 007, 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: 		Cary Jensen 352-344-5555	
SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR		Date	

50043935



04202005 Chg-P CR2E034 (10/03)