


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State


02-09-2004 90018 018 ***150.00

DOCUMENT # P98000039546	
1. Entity Name BUCKINGHAM PARTNERS, INC.	

Principal Place of Business 4180 BUCKINGHAM RD FORT MYERS, FL 33905	Mailing Address 4180 BUCKINGHAM RD FORT MYERS, FL 33905
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DO NOT WRITE IN THIS SPACE

11001000



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0844396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, DAVE 4180 BUCKINGHAM RD FORT MYERS, FL 33905	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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DAVE 4180 BUCKINGHAM RD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, RITA 4180 BUCKINGHAM RD FORT MYERS, FL 33905
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Rita E. Smith Rita E. Smith Sec/Treas 2-5-04 239-690-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #