## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SATISTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Mar 08, 2005 08:00 AM Secretary of State

3-7-05

DOCUMENT # P98000101113  1. Entity Name BUCKHORNS CREEK DEVELOPMENT, INC.				Secretary of Sta	t
Principal Place 45120 DOR CALLAHAN,	MAN PLACE	Mailing Address 45120 DORMAN PLACE CALLAHAN, FL 32011			
	A MOT MOST		ing a subsequence of the subsequ	02262005 No Chg-P CR2E034 (10/03)	
L	OO NOT WRITE I	n This Spa	CE	4. FEI Number Applied For 59-3547113 Not Applicable	e
	Madaana aa Nakii ii sa	are the second of the second o	Se the en en la tandente de la	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Regi EAN H RMAN PLACE N, FL 32011	stered Agent		DO NOT WRITE IN THIS SPACE	
The above the obligation     SIGNATURE.	e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and title		ed office or registere	ered agent, or both, in the State of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with, and accept of the state of Florida. I am familiar with accept of the state of Florida.	:
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ocing \$5.	5.00 May Be ded to Fees	
TITLE	OFFICERS AND DIRE	CTORS	,		٦
NAME STREET ADDRESS CITY-ST-ZIP	MIZELL, JEAN H 45120 DORMAN PLACE CALLAHAN, FL 32011		' - 	U00000255560 03/08/05-80019-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, CLYDE J P.O. DRAWER 5011 CALLAHAN, FL 32011				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, LARRY S 45543 HODGES ROAD CALLAHAN, FL 32011			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, MICHAEL D 45298 HODGES ROAD CALLAHAN, FL 32011	<u>-</u>		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, WALTER S 45200 DORMAN PLACE CALLAHAN, FL 32011	_			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIZELL, WALKER D 45120 DORMAN PLACE CALLAHAN, FL 32011				-
12. I hereby of indicated of the cor changed.	certify that the information supplied with this is on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	iling does not qualify for the exer and accurate and that my signat d to execute this report as requir Il other like empowered.	nption stated in Secure shall have the sa ed by Chapter 607.	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	