

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03029

**FILED**  
**Mar 12, 2013**  
**Secretary of State**  
**CC4575853468**

**Entity Name:** FLORIDA ANTIQUE BUCKET BRIGADE, INC.

**Current Principal Place of Business:**

C/O FRANCIS A. MURPHY  
3907 S.E. 15TH. STREET  
OCALA, FL 34471

**Current Mailing Address:**

C/O FRANCIS A. MURPHY  
3907 S.E. 15TH. STREET  
OCALA, FL 34471 US

**FEI Number:** 65-0066578

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MURPHY, FRANCIS A  
3907 S.E. 15TH. STREET  
OCALA, FL 34471 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CZAPLICKI, RON  
Address 6780 GREEN SWAMP ROAD  
City-State-Zip: CLERMONT FL 34714

Title DV  
Name PEIFFER, HOWARD  
Address 46 CORMORANT CT.  
City-State-Zip: PALM COAST FL 32137

Title SD  
Name MURPHY, FRANCIS A  
Address 3907 S.E. 15TH. STREET  
City-State-Zip: Ocala FL 34471

Title TD  
Name PEAVY, JOHN  
Address 1755 CEDAR BAY RD  
City-State-Zip: JACKSONVILLE FL 32218

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCIS A. MURPHY

**SECRETARY**

**03/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date