


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90049 010 ***150.00

DOCUMENT # 256664 1. Entity Name BUCK BUILDERS INC			
Principal Place of Business P.O. BOX 350117 1709 ST JOHNS BLUFF ROAD JACKSONVILLE, FL 32235 US		Mailing Address P.O. BOX 350117 1709 ST JOHNS BLUFF ROAD JACKSONVILLE, FL 32235 US	
2. Principal Place of Business 9137 MERRILL RD		3. Mailing Address PO BOX 350117	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32225		Zip 32225	
Country USA		Country USA	
4. FEI Number 59-0948864		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHATLEY, CATHERINE B. 1709 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name WHATLEY, CATHERINE B. Street Address (P.O. Box Number is Not Acceptable) 9137 MERRILL ROAD City JACKSONVILLE FL Zip Code 32225	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 WHATLEY, FRED J. 1709 ST. JOHNS BLUFF RD. JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHATLEY, FRED J. 9137 MERRILL RD. JACKSONVILLE FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHATLEY, CATHERINE B. 1709 ST. JOHNS BLUFF RD. JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHATLEY, CATHERINE B. 9137 MERRILL RD JACKSONVILLE FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUCK, JAMES O 1922 HOLLY OAKS RAVINE D JACKSONVILLE, FL	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>Catherine B. Whatley</u> Catherine B. Whatley <u>2/11/04</u> (904) 641-9466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			