2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_\_\_

DOCUMENT # 272067  1. Entity Name  BUCCANEER BUILDING CORPORATION								Feb 02, 2004 08:00 AM Secretary of State				
Briggerst Plan	a of Priorpage	<del>-</del>	Mailio	a Address	-		$\dashv$					
Principal Place of Business 800 ORANGE AVENUE				Mailing Address 800 ORANGE AVENUE								
FT PIERCE FL 34950				FT PIERCE FL 34950								
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt.	#, etc		Suite. Apt. #, etc.				MOORE	CR2E034				
City & State			City	City & State			. 4	. FEI Number 59-103676	4	<del>}</del> -	oplied For of Applicable	
Zip	o Country		Zıp	Zip Co		itry		5. Certricate of Status Desired				
	6. Name an	d Address of Curr	ent Registere	ed Agent		7.	Name and Address of New	Registered	Agent			
004	IN IACK					Name						
CRAIN,JACK 710 ORANGE AVE. FT PIERCE FL 34950						Street Address (P.O. Box Number is Not Acceptable)						
THENCETE 34930						Ctu			<u>-</u> -	7 in Cod	<del></del>	
<u> </u>							City FL Zip Code					
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.	Signature, typed or p	rinted name of registered a	gent and title if app	olicable. (NO?	E. Pegistera	d Agent signature re	equired whe	er reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign F Trust Fund Contribut	- ,		IO May Be of to Fees	
18. OFFICERS AND DIRECTORS							/	ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR	SINTI	
TITLE	PD			☐ Delete Til		Ł				Change	Addition	
NAME CRAIN, JACK				NAM				Hannañaanter				
	STREET ADDRESS 710 ORANGE AVE.  CITY-ST-ZIP . FT PIERCE FL			SIR CITA				00000030566 02/04/04-80116-003 150.00		<u> </u>		
TITLE	SD	-		☐ Defete	ESTE					☐ Change	Addition	
NAME	CRAIN, MARY	/ LEE		NA DESCRE								
STREET ADDRESS	710 ORANGE AVE.			STRI								
CITY-ST-ZIP	FT PIERCE FL					-ST-ZIP						
INLE				☐ Delete	III	1				Change	Addition	
NAME STREET ADDRESS					NAN STR	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	स्त	ε		<u> </u>		☐ Change	Addition	
KAME					NAL	- }						
STREET ADDRESS					1	eet address - St-Zip						
CITY-ST-ZIP				☐ Delete	3311					☐ Change	Addition	
TITLE NAME				La Delete	NAN					TT Committee		
STREET ADDRESS					sta	EE3 ACIDRESS						
CITY+ST-ZIP			<u> </u>		C:D	-ST-ZIP						
TITLE				☐ Delete	TITE					☐ Change	Addition	
NAME CYPEET ADDRESS				NAM								
STREET ADDRESS CITY-ST-ZIP					•	FET ADDRESS - ST-ZBP						
ſ	Certify that the in	formation supplied	with this filing	does not qualify for	•	1	in Section	on 119,07(3)(i). Florida Statutes	s. I further ce	atify that the i	nformation	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #

**FILED**