

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 435975	
1. Entity Name BUCKO'S, INC.	

Principal Place of Business 1923 MYRTLE ST. SARASOTA, FL 34234	Mailing Address 1923 MYRTLE ST. SARASOTA, FL 34234
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03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1487331	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WINDT, JACK WM.
1939 GOLF STREET
SARASOTA, FL**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BARRINEAU, ELIZABETH H.
STREET ADDRESS	1923 MYRTLE ST.
CITY- ST- ZIP	SARASOTA, FL
TITLE	ST
NAME	BARRINEAU, JACK D., JR.
STREET ADDRESS	1923 MYRTLE ST.
CITY- ST- ZIP	SARASOTA, FL
TITLE	P
NAME	BARRINEAU, WILLIAM P.
STREET ADDRESS	1923 MYRTLE ST.
CITY- ST- ZIP	SARASOTA, FL
TITLE	VP
NAME	ESBER, SUE ANN
STREET ADDRESS	1923 MYRTLE STREET
CITY- ST- ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/22/06-80063-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 507, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/7/06

Date

Daytime Phone #

✓ 941-355-7648