## 2005 FOR PROFIT CORPORATION

## Mar 23, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #627849** 03-23-2005 90027 019 \*\*\*158.75 1. Entity Name BUCCANEER MANAGEMENT, INC. Principal Place of Business Mailing Address 2329 9TH STREET NORTH 2329 9TH STREET NORTH NAPLES, FL 34103 US NAPLES, FL 34103 No Chg-P CR2E034 (10/03) 01072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDECA BUNCKU-2329 9 TH ST.N. NARCES, FL.34103 ROSEN, RUSSELL V. DO NOT WRITE 2329 9TH ST N NAPLES, FL 34103 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. TITLE BOSEN, BUSSELL NAMÉ STREET ADDRESS 2329 97H ST N. CITY-ST-ZIP NAPLES, FL 34103 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP

FILED