2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648846

Entity Name: BUCHANAN & HARPER INC

FILED Jan 05, 2009 Secretary of State

Littly Na	ille. DOCHAN.	AN & HARFER, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	「11TH STREE CITY, FL 3240				
Current Mailing Address:			New Mailing Address:		
	「11TH STREE CITY, FL 3240				
FEI Number: 59-1956372 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	OMAS, JR RISON AVENUE CITY, FL 3240				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	V () TINDELL, W T 735 WEST 11TI PANAMA CITY,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () HARPER, BUEL 735 WEST 11S PANAMA CITY,	TSTREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HARPER, BUEL 735 WEST 11TI PANAMA CITY,	HSTREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () HARPER, MICH 735 WEST 11TH PANAMA CITY,	HSTREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AS ()	Delete SAN	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BUELL H HARPER JR PRES 01/05/2009

900 NORTH BAY DRIVE

City-St-Zip: LYNN HAVEN, FL 32444

Address: