

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 672624

FILED
Apr 14, 2008
Secretary of State

Entity Name: BUCKLEYS OF KEZAR LAKE, INC.

Current Principal Place of Business:

STEPHEN C. BUCKLEY
126 NE 17TH AVENUE
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

STEPHEN C. BUCKLEY
126 NE 17TH AVENUE
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0030652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLEY, JOHN K
RIVERWALK PLAZA, SUITE 2000
333 NORTH NEW RIVER DRIVE EAST
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

BUCKLEY, JOHN K
2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431 US

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.

SIGNATURE:

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORRIS, PATRICIA B
Address: 26 PHILLIPS POND ROAD
City-St-Zip: SOUTH NATICK, MA 01760

Title: D () Delete
Name: BUCKLEY, STEPHEN C
Address: 126 NE 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: BUCKLEY, PAUL C.,
Address: 4911 NE 23 AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T () Delete
Name: BUCKLEY, PATRICIA B
Address: 26 PHILLIPS POND ROAD
City-St-Zip: SOUTH NATICK, MA 01760

Title: VP () Delete
Name: RICE, KATHLEEN B
Address: 731 NORTH GROVE
City-St-Zip: CHICAGO, IL 60302

Title: S () Delete
Name: BUCKLEY, MAUREEN
Address: 165 ADAMS STREET
City-St-Zip: NEWTON, MA 02458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PATRICIA B NORRIS

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date