


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 692165 1. Entity Name BUCK 'N BUM, INC.	
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Principal Place of Business 603 TUMBLIN KLING RD FT PIERCE, FL 34982 US	Mailing Address 603 TUMBLIN KLING RD FT PIERCE, FL 34982 US
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2146449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KNIFFEN, THOMAS
4221 ROSE LANE
FT PIERCE, FL 34982**

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KNIFFEN, ROSS 5704 SILVER OAK DR FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KNIFFEN, THOMAS 603 TUMBLIN KLING RD FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KNIFFEN, EVELYN 5704 SILVER OAK DR FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MANGRUM, KATHRYN 5607 WINTER GARDEN PKWY FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/29/04-80161-023 150.00

12. I heroby 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: *Kathryn Mangrum* **4-28-04 772465-4712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #