


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90318 006 \*\*\*\*61.25

<b>DOCUMENT # 728671</b> 1. Entity Name <b>BUCKHORN CREEK, INC.</b>					
Principal Place of Business <b>3307 S BUCKHORN CREEK RD BRANDON, FL 33511 US</b>				Mailing Address <b>P.O. BOX 6086 BRANDON, FL 33508 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1672167</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JORDAN, RONALD M 3205 DOE CT BRANDON, FL 33511</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT FRIEBOLIN, COLLEEN 3203 ELK CT BRANDON, FL 33511</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP JORDAN, RONALD M 3205 ELK CT BRANDON, FL 33511</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP ROSS, CLYDE 3219 DOE CT BRANDON, FL 33511</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MORRIN, PRISCILLA 3208 DEER CT BRANDON, FL 33511</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FITZSIMMONS, RITA 804 HUNTERS CT BRANDON, FL 33511</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Denise A. Fulkerson 3102 Creekgrove Ct Brandon, FL 33511</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FIRST, DAVID 907 BUCK CT BRANDON, FL 33511</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jon M. Lelekis 3210 Deer Ct. Brandon FL 33511</b>	
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 617, 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.					
<b>SIGNATURE:</b> <i>Ronald M. Jordan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/20/05</b> Date		<b>813-684-7638</b> Daytime Phone #

Ronald M. Jordan, President