

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90004 003 \*\*\*150.00

**DOCUMENT # F02000001170**

1. Entity Name  
**WILLIAM B. BUOL INC.**



Principal Place of Business  
**380 FOURTH AVE S  
NAPLES, FL 34102**

Mailing Address  
**5380 FOURTH AVE S  
NAPLES, FL 34102**

**44050748**



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**56-1311321**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BUOL, WILLIAM B  
380 FOURTH AVE S  
NAPLES, FL 34102**

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BUOL, WILLIAM B
STREET ADDRESS	380 FOURTH AVE S.
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	V
NAME	BUOL THOMPSON, MARY
STREET ADDRESS	48 WESTOVER DRIVE
CITY-ST-ZIP	ASHEVILLE, NC 28801
TITLE	S
NAME	BUOL, CHRISTINE ANN
STREET ADDRESS	2170 GULF SHORE BLVD. NORTH 61-W
CITY-ST-ZIP	NAPLES, FL 34012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: William B. Buol, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 26, 2004 239 262-8914**

Date

Daytime Phone #