

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90068 008 \*\*\*150.00

DOCUMENT # F57809

1. Entity Name

BUCKHORN GROVES, INC.



Principal Place of Business

% J.H. HANCOCK  
2001 NE LAKEVIEW DRIVE  
SEBRING FL 33870  
US

Mailing Address

% J.H. HANCOCK  
2001 NE LAKEVIEW DRIVE  
SEBRING FL 33870  
US

40020193



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

2671 LAKEVIEW DR

Suite, Apt. #, etc.

3. Mailing Address

2671 LAKEVIEW DR

Suite, Apt. #, etc.

City & State

SEBRING FL

Zip 33870

Country US

City & State

SEBRING FL

Zip 33870

Country US

4. FEI Number

59-2158803

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEAN D. HANCOCK  
2001 NE LAKEVIEW DRIVE  
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name JEAN D HANCOCK

Street Address (P.O. Box Number is Not Acceptable)

2671 LAKEVIEW DR

City SEBRING

FL

Zip Code

33870

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete  
NAME HANCOCK, JEAN D  
STREET ADDRESS 2001 NE LAKEVIEW  
CITY-ST-ZIP SEBRING FL

TITLE DVP ☐ Delete  
NAME DURRANCE, GLORIA R  
STREET ADDRESS RT 2 BOX 399  
CITY-ST-ZIP WAUCHULA FL

TITLE DP ☐ Delete  
NAME DURRANCE, WILLARD K  
STREET ADDRESS RT 2 BOX 399  
CITY-ST-ZIP WACHULA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 0 ☐ Change ☒ Addition  
NAME Ned HANCOCK  
STREET ADDRESS 2631 LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE JEAN D HANCOCK ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2671 LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

JEAN D HANCOCK

JEAN D HANCOCK

Date

Daytime Phone #

2-15-05

863/385-7000