


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # J77514	
1. Entity Name BUCK HAMMOCK GROVES, INC.	

Principal Place of Business % SHERWOOD J. JOHNSON 2650 S. KING'S HWY FORT PIERCE, FL 34945	Mailing Address % SHERWOOD J. JOHNSON 2650 S. KING'S HWY FORT PIERCE, FL 34945
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2821648	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

**JOHNSON, SHERWOOD J.
2650 S. KING'S HWY
FORT PIERCE, FL 34945**

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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, 2005 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	PD JOHNSON, SHERWOOD J. 8410 IMMOKOLEE RD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ROBERT J. 8480 IMMOKOLEE ROAD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, PATRICIA A. 8410 IMMOKOLEE RD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST HAWLEY, DEBORAH 8460 IMMOKOLEE ROAD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWLEY, DEBORAH 8460 IMMOKOLEE ROAD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/05-80071-004 150.00

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:  **SHERWOOD J. JOHNSON** **1/21/05** **(772)461-5791**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #