


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90077 019 \*\*\*150.00

<b>DOCUMENT # K11201</b>					
1. Entity Name <b>BUCKEYE CONSTRUCTION OF COLLIER COUNTY, INC.</b>					
Principal Place of Business <b>5840 18TH AVENUE NW NAPLES, FL 34119</b>			Mailing Address <b>5840 18TH AVENUE NW NAPLES, FL 34119</b>		
2. Principal Place of Business <b>5840 Golden Oaks Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>5840 Golden Oaks Lane</b> Suite, Apt. #, etc.			
City & State <b>Same</b>		City & State <b>Same</b>		4. FEI Number <b>65-0029336</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>Same</b>	Country <b>Same</b>	Zip <b>Same</b>	Country <b>Same</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LINDER, MICHEL E 5840 18TH AVE NW NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent 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>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTO LINDER, MICHAEL E. 5840 18 AVENUE NW NAPLES, FL 34119</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>D NYWENING, BRUCE 5840 18 AVENUE NW NAPLES, FL 34119</b> <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Michael E Linder</i> <b>Michael E Linder</b>		Date: <b>4-12-04</b>		Daytime Phone #: <b>239-598-3679</b>	

J4000000



04112004 Chg-P CR2E034 (10/03)