


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L85150 1. Entity Name BUCKHURST, INCORPORATED |  |
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| Principal Place of Business % CAROLYN Z. BARNES 901 GREENRIDGE RD. JACKSONVILLE, FL 32207 | Mailing Address % CAROLYN Z. BARNES 901 GREENRIDGE RD. JACKSONVILLE, FL 32207 |
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03132007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3022284 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BARNES, CAROLYN Z 901 GREENRIDGE RD. JACKSONVILLE, FL 32207 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000669853 03/27/07-80081-007 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST BARNES, CAROLYN Z. 901 GREENRIDGE RD. JACKSONVILLE, FL 32207 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carolyn Z. Barnes **CAROLYN Z. BARNES** 3/12/07 904-655-9138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #