


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90017 008 ****61.25

DOCUMENT # N20989 1. Entity Name BUCKEYE PALMS, INC.	
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Principal Place of Business 400 VALLEY STREAM DR. NAPLES, FL 34113 US	Mailing Address 400 VALLEY STREAM DR. NAPLES, FL 34113 US
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3700805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEHMAN, CHARLES C. 5455 JAEGER RD STE B NAPLES, FL 34109	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25	9. Election Campaign Financing Total Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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JAMES DOTRILA DIRECTOR
400 VALLEY STREAM DR #210
NAPLES, FL 34113

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, MATTHEW 400 VALLEY STREAM DR #210 NAPLES, FL 34113 <i>PRESIDENT</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEXTER, EUGENE 400 VALLEY STREAM DRIVE #105 NAPLES, FL 34113 <i>SEC./TREAS</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGLIA, JOSEPH 400 VALLEY STREAM DR. #111 NAPLES, FL 34113 <i>OUT</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUCK, MARTHA 400 VALLEY STREAM DRIVE #205 NAPLES, FL 34113 <i>DIRECTOR</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, ALLISON 400 VALLEY STREAM DRIVE #202 NAPLES, FL 34113 <i>U. Pres</i>
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**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: <i>Eugene Texter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-7-05 Date	291-732-1926 Daytime Phone #
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