



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000038950		
1. Entity Name MEAD BUCKLEY, INC		
Principal Place of Business 1045 SEAGRAPE DRIVE MELBOURNE, FL 32935		Mailing Address 1045 SEAGRAPE DRIVE MELBOURNE, FL 32935
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RICHARDSON, MARVIN 2750 SUMMER BROOK ST. MELBOURNE, FL 32940		DO NOT WRITE IN THIS SPACE
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		DATE 04/26/05-80047-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BUCKLEY, MEAD PRES 1045 SEAGRAPE DRIVE MELBOURNE, FL 32935	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, GREGORY M 1058 BYRD STREET MELBOURNE, FL 32935	
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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: 		4/16/05 3218630669 Date Daytime Phone #