

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 025 ***150.00

DOCUMENT # P01000026443 1. Entity Name SOUTHERN BUCKS INCORPORATED					
Principal Place of Business 10328 IBIS RESERVE CIRCLE WEST PALM BEACH, FL 33412			Mailing Address 1512 VILLA JUNO DR N NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 1512 Villa Juno Dr N Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Juno Beach, FL		City & State		4. FEI Number 65-1094681	
Zip 33408		Country Palm Beach		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGARRAUGH, KELLI 1512 VILLA JUNO DR N NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>K M McGarraugh</u> DATE <u>4/26/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGARRAUGH, JASON T 10328 IBIS RESERVE CIRCLE WEST PALM BEACH, FL 33412	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1512 Villa Juno Dr N Juno Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MCGARRAUGH, KELLI J 10328 IBIS RESERVE CIRCLE WEST PALM BEACH, FL 33412	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1512 Villa Juno Dr N Juno Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGARRAUGH, ELAINE 11521 TIMBER BROOK DRIVE WALDORF, MD 20601	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>K M McGarraugh</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4/26/04</u> (501) 630 6423 Daytime Phone #	