2006 FOR PROFIT CORPORATION

Jan 24, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000065494 BUCK AND BUCK OFFICE EQUIPMENT'INC. Mailing Address Principal Place of Business 5198 DREW ST. 5198 DREW ST. BROOKSVILLE, FL 34604 BROOKSVILLE, FL 34604 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3731576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE FRANKLIN, JOHN J JR 4114 LAMSON AVE SPRING HILL, FL 34608 IN THIS SPACE 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 registored agent and title if applicable (NOTE Registered Agent signature required when roinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME BUCK, LINDA W 5198 DREW ST. STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34604 TITLE U00000399871 02/01/06-80028-020 150.00 BUCK, ARTHUR NAME STREET ADDRESS 5198 DREW ST. BROOKSVILLE, FL 34604 CITY-ST-ZIP TITLE NAME LOWE, THOMAS W 25646 HALSEY RD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BROOKSVILLE, FL 34601 IN THIS SPACE LOWE, WILLIAM H NAME STREET ADDRESS 907 KEELING RD CITY-ST-ZIP BROOKSVILLE, FL 34604 TITLE NAME

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LEANT WELL OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

118/06 357-7960087

FILED