

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000075869

1. Entity Name
BUCKETS, INC.



Principal Place of Business
7375 COMMERCIAL WAY
BROOKSVILLE, FL 34613

Mailing Address
4625 ELWOOD RD
SPRING HILL, FL 34609

FILED
Aug 08, 2008 08:00 AM
Secretary of State



05192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3026740	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

ZAYAS, KATHLEEN
4625 ELWOOD RD
SPRING HILL, FL 34610

**DO NOT WRITE
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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000957383
08/08/08 00000-019-150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAYAS, KATHLEEN 4625 ELWOOD ROAD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAYAS, WILLIAM 4625 ELWOOD ROAD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOGAN, DONALD 4625 ELWOOD ROAD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Kathleen Zayas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/08
Date

352
688-6080
Daytime Phone #