2004 FOR PROFIT CORPORATION ANNUAL REPORT

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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90761 037 ***150.00

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04292004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000098607

1. Entity Name
BUCKNER & SCOTT, INC.

Principal Place of Business	Mailing Address
110 GRIFFIN ROAD 12-260 COCOA, FL 32926 US	1605 RIDGE DRIVE COCOA, FL 32926 US

2. Principal Place of Business	3. Mailing Address
641 Clearlake Road	
Suite, Apt. #, etc.: 62	Suite, Apt. #, etc.:
City & State: Cocoa, FL	City & State:
Zip: 32922 Country: USA	Zip: Country:

4. FEI Number: 38-3659964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, GREGORY W 110 GRIFFIN ROAD 12-260 COCOA, FL 32926	Name: Scott, Gregory W. Street Address (P.O. Box Number is Not Acceptable): 641 Clearlake Road #62 City: Cocoa FL Zip Code: 32922

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: Gregory W. Scott 4/28/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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/T SCOTT, GREGORY W 1605 RIDGE DRIVE COCOA, FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S BUCKNER, JAMES D 1618 CALVADOS DRIVE COCOA, FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Gregory W. Scott 4/29/04 321-544-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #