

2004 FOR PROFIT CORPORATION ANNUAL REPORT

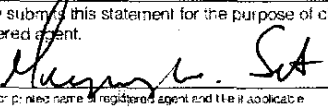
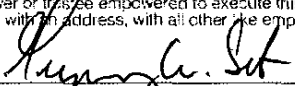
FILED
May 03, 2004 8:00 am
Secretary of State

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 110 GRIFFIN ROAD 12-260 COCOA, FL 32926 US		Mailing Address 1605 RIDGE DRIVE COCOA, FL 32926 US	
2. Principal Place of Business 641 Clearlake Road		3. Mailing Address	
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 SCOTT, GREGORY W 110 GRIFFIN ROAD 12-260 COCOA, FL 32926		7. Name and Address of New Registered Agent 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  DATE 4/28/04 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
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
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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: 		Date 4/29/04 Daytime Phone # 321-544-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			