## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # P02000098607** 05-02-2005 90476 040 \*\*\*150.00 1. Entity Name **BUCKNER & SCOTT, INC.** Principal Place of Business Mailing Address 641 CLEARLAKE RD G2 1605 RIDGE DRIVE COCOA, FL 32922 US US COCOA, FL 32926 2. Principal Place of Business 3. Mailing Address 110 Griffin Road Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 CR2E034 (10/03) Cha-P #12 <u>- 211</u> Applied For City & State 4. FEi Number City & State 38-3659964 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Name SCOTT, GREGORY W 641 CLEARLAKE RD G2 COCOA, FL 32922 DCOQ 8. The above named entity supmits 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 register e**d** agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Gregory w. Scott (Scott, Gregory W. 1605 Ridge Drive TITLE ☐ Delete TITLE PITIVPIS SCOTT, GREGORY W NAME NAME 1605 RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP TITLE VP/S Delete TITLE NAME BUCKNER, JAMES D NAME 1618 CALVADOS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 attachragent with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

321-544-5000