

2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/8/200

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-08-2004 90002 031 ***150.00

DOCUMENT # P03000001876			
1. Entity Name BUCKLEY REALTY, INC.			
Principal Place of Business 228 HILLCREST STREET ORLANDO, FL 32801		Mailing Address 228 HILLCREST STREET ORLANDO, FL 32801	
2. Principal Place of Business 253 Thomas Drive Suite, Apt. #, etc.		3. Mailing Address 253 Thomas Drive Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State Casselberry, FL	
Zip 32707		Country U.S.A.	
4. FEI Number 72-1549325		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUKDARIAN & UNCAPHER, P.A. 253 THOMAS DRIVE CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name: De Cubellis, Meeks & Uncapher, PA Street Address (P.O. Box Number is Not Acceptable): 937 North Garbar Avenue City: Orlando, FL Zip Code: 32804	
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: <i>De Cubellis, Meeks & Uncapher, PA</i> <i>Kenneth R. Uncapher</i> DATE: 5/26/04 <small>(NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BUCKLEY, GREGORY STREET ADDRESS: 228 HILLCREST STREET CITY-ST-ZIP: ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE: D.P. NAME: Buckley, Gregory STREET ADDRESS: 253 Thomas Drive CITY-ST-ZIP: Casselberry, FL-32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6-1-2004 407-383-9620 <small>Date Daytime Phone #</small>	

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Division of Corporations

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