## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Sep 14, 2004 8:00 am Secretary of State **DOCUMENT # P03000045374** DAN BUCK INTERNATIONAL, INC. 09-14-2004 90001 002 \*\*\*155.00 Principal Place of Business Mailing Address 5970 REYNOSA DRIVE 5970 REYNOSA DRIVE PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 CR2E034 (10/03) City & State City & State Applied For 16-1660320 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUCKLEY, CHARLES Street Address (P.O. Box Number is Not Acceptable) 5970 REYNOSA DRIVE PENSACOLA, FL 32504 Zip Code FI 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 of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CD ☐ Delete TITLE TITLE Change Addition BUCKLEY, CHARLES NAME NAME 5970 REYNOSA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP PENSACOLA, FL 32504 CEOD TITLE Delete TITLE Change Addition ZHANG, DÍANA D NAME NAME 3497 ASHMORE LANE STREET ADDRESS STREET ADDRESS CITY-ST\_ZIP PACE, FL :32571. CITY-ST-ZiP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Diana Zhang 9-6-2004 \$50-637-3000
ECTOR Date Dayline Phone \*