## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

## Mar 09, 2005 08:00 AM Secretary of State DOCUMENT # P03000045374 DAN BUCK INTERNATIONAL, INC. Principal Place of Business Mailing Address 5970 REYNOSA DRIVE PENSACOLA FL 32504 5970 REYNOSA DRIVE PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 16-1660320 Not Applicable Zip Country \$8,75 Additional Country 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 5970 REYNOSA DRIVE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 Zıp Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaung) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition HILE CD SHE The lete NAME **BUCKLEY, CHARLES** NAME 5970 REYNOSA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP ☐ Addition CEOD ☐ Delete THEE ☐ Change TITLE ZHANG, DIANA D NAME 3497 ASHMORE LANE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP PACE FL 32571 CITY+ST-ZIP Change ☐ Addition ☐ Delete THLE TITLE NAME Un00ng257319 STREET ADDRESS STREET ADDRESS 03/09/05-80049-009 155.00 CLLY -S.I - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP Change ☐ Addition HUE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP 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)(t), 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.

Diana D. Zhang 3-8-2005

ER OR DIRECTOR

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**FILED**