

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90281 039 \*\*\*158.75

**DOCUMENT # P03000063137**

1. Entity Name

BUCKS PLANTS, INC.



Principal Place of Business

2556 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS FL 33903

Mailing Address

5228 STRINGFELLOW RD.  
SAINT JAMES CITY FL 33956

2. Principal Place of Business

3. Mailing Address

Bucks Plants, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 4725

City & State

City & State

N. Ft. Meyers, Fla.

Zip

Country

Zip

33918

Country

Lee



MOORE

CR2E034 (11/03)

4. FEI Number

320080395

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCK, ROBERT M  
5228 STRINGFELLOW RD.  
SAINT JAMES CITY FL 33956

Name Robert M. Buck

Street Address (P.O. Box Number is Not Acceptable)  
2556 N. Tamiami Trail

N. Fort Meyers

City

FL

Zip Code 33903

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

Robert M. Buck

Robert M. Buck

4-08-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BUCK, ROBERT M  
STREET ADDRESS 5228 STRINGFELLOW RD.  
CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE V ☐ Delete  
NAME BUCK, JEAN A  
STREET ADDRESS 5228 STRINGFELLOW RD.  
CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Buck Robert M  
STREET ADDRESS 2556 N Tamiami TR.  
CITY-ST-ZIP N. Fort Meyers, Fla 33903

TITLE V ☒ Change ☐ Addition  
NAME Buck Jean A  
STREET ADDRESS 2556 N. Tamiami TR  
CITY-ST-ZIP N. Fort Meyers, Fla 33903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Buck

4-08-04 239-344-6950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 344-1919