2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 17, 2007 8:00 am Secretary of State DOCUMENT # P03000063137 1. Entity Name 05-17-2007 90040 050 ***150.00 BUCKS PLANTS, INC. Mailing Address Principal Place of Business BUCKS PLANTS INC. 2556 NORTH TAMIAMI TRAIL NORTH FORT MYERS, FL 33903 PO BOX 4725 NORTH FORT MYERS, FL 33918 03282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0080395 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUCK, ROBERT M** DO NOT WRITE 2556 N TAMIAMI TRAIL NORTH FORT MYERS, FL 33903 IN THIS SPACE 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rejustating) DATE \$5.00 tal, sil 6 Flection Compaign Figure FILE NOWILL FEE 15 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Frend Contribution. Added to Coas OFFICERS AND DIRECTORS 10. TITLE BUCK, ROBERT M NAME)eceased STREET ADDRESS 2556 N TAMIAMI TR. NORTH FORT MYERS, FL 33903 CITY-ST-ZIP ШТЕ BUCK, JEAN A NAME STREET ADDRESS 2556 N. TAMIAMI TR. CITY-ST-ZIP NORTH FORT MYERS, FL 33903 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Dicck 10 or Dicck 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP

ATTACHMENT

1/300063

Division of Corporations P. O. Box 8700 Tallahassee, Fla. 32314

On April 24th, my husband Robert M. Buck died. We were in Moffitt cancer center in Tampa and in Lee Memorial here in Fort Myers. In all of this pain and suffering this annual report was over looked. I am sending the \$150.00 amount and hope you will Accept this amount; I don't know how I can pay the penalty. Thank you for this consideration.

Yours truly,

Jean A. Buck
Bucks Plants, Inc.

2556 North Tamiami Trail North Fort Myers, Fla.33903