

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90006 044 \*\*\*550.00

**DOCUMENT # P03000063137**

1. Entity Name

BUCKS PLANTS, INC.



Principal Place of Business

2556 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS FL 33903

Mailing Address

BUCKS PLANTS INC.  
PO BOX 4725  
NORTH FORT MYERS FL 33918



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

32-0080395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCK, ROBERT M  
2556 N TAMIAMI TRAIL  
NORTH FORT MYERS FL 33903

*Deceased*

7. Name and Address of New Registered Agent

Name

*Jean A Buck*

Street Address (P.O. Box Number is Not Acceptable)

*P.O. Box 4725*

*2556 N Tamiami TR*

City

*N. Fort Myers*

FL

*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

*Jean A Buck*

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

(NOTE: Registered Agent signature required when submitting)

DATE

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

**After May 1, 2008 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	V	<input checked="" type="checkbox"/> Delete
NAME	BUCK, JEAN A	
STREET ADDRESS	2556 N. TAMIAMI TR.	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jean A Buck</i>	
STREET ADDRESS	<i>2556 N Tamiami TR</i>	
CITY-ST-ZIP	<i>N Fort Myers FL 33903</i>	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Stacy Buck</i>	
STREET ADDRESS	<i>2556 N Tamiami TR</i>	
CITY-ST-ZIP	<i>N Fort Myers FL 33903</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jean A Buck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-15-08 239-656-1212*

Date

Daytime Phone #