

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000063936

1. Entity Name
BUCKINGHAM PALACE II, INC.



**FILED
Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90240 006 ***150.00

Principal Place of Business
6900-29 PMB 148
FORT MEYER, FL 33912 US

Mailing Address
6900-29 PMB 148
FORT MEYER, FL 33912 US

2. Principal Place of Business 7891 REFLECTION COVE	3. Mailing Address 7891 REFLECTION COVE
Suite, Apt. #, etc. # 205	Suite, Apt. #, etc. # 205
City & State FT MYERS, FL	City & State FT MYERS, FL
Zip 33907	Country USA
Zip 33907	Country USA



04252004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0042285

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JUNG, JACK
7891 REFLECTION COVE DRIVE
205
FORT MEYER, FL 33907

7. Name and Address of New Registered Agent

Name **JUNG JACK**

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

**7861 REFLECTION COVE DR
FT MYERS FL 33907**

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 **JACK JUNG**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/04**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNG, THOMAS 6900-29 PMB 148 FORT MEYER, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNG, THOMAS 7891 REFLECTION COVE #205 FT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

239-226-4500

Date

Daytime Phone #