

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063936

Entity Name: BUCKINGHAM PALACE II, INC.

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

14967 RIVERS EDGE CT
SUITE 203
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

14967 RIVERS EDGE CT
SUITE 203
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 20-0042285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, NICHOLAS L ESQ
2191 COLLEGE PKWY
SUITE 206
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JUERGENS, DIANE
Address: 14967 RIVERS EDGE CT. # 203
City-St-Zip: FORT MYERS, FL 33908 US

Title: P () Delete
Name: MATT, JUNG
Address: 375 HERONS RUN DRIVE #920
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MATT, JUNG
Address: 14967 RIVERS EDGE CT. # 203
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT JUNG

P

01/10/2009

Electronic Signature of Signing Officer or Director

Date