## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 04, 2005 8:00 am Secretary of State DOCUMENT # P03000080588 08-04-2005 90004 001 \*\*\*158.75 BUCK UP RESOURCE GROUP, INC. Principal Place of Business Mailing Address 50059950 155 THORNBURY DR. 155 THORNBURY DR. KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address 1270 Miller Ave 1270 Miller Ave Suite, Apt. #, etc. 07292005 Chg-P CR2E034 (10/03) City & State Wirter Park City & State 4. FEI Number Applied For Winter Park 56-2379619 Not Applicable 32789 32<del>7</del>89 Country \$8.75 Additional 5. Certificate of Status Desired US S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wharton, Warren WHARTON, WARREN L JR Street Address (P.O. Box Number is Not Acceptable) 155 THORNBURG DR KISSIMMEE, FL 34744 1270 Miller Ave 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. TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Catapaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE **⊠** Change ■ Addition Wharton, Warren L Jr WHARTON, WARREN L JR. MAME NAME 1270 Miller tue STREET ADDRESS 155 THORNBURY DR. STREET ADDRESS Winter Park, FL 32789 CITY-ST-ZIF KISSIMMEE, FL 34744 CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE VSTD Change Change Addition omoletski, Philip 1270 Miller Ave OMOLETSKI, PHILIP NAME NAME STREET ADDRESS 155 THORNBURY DR. STREET ADDRESS CITY-ST-ZIE KISSIMMEE, FL 34744 Winter Flort, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME MARAC STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TOLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THIE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

4077910129