

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000128379

1. Entity Name

**BUCKNER'S HEATING & AIR - MECHANICAL
CONTRACTOR, INC.**



Principal Place of Business

**6326 THUMPER ST.
JACKSONVILLE, FL 32210**

Mailing Address

**6326 THUMPER ST.
JACKSONVILLE, FL 32210**

DO NOT WRITE IN THIS SPACE



04252006

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-0477613

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUCKNER, BRIAN C
6326 THUMPER ST.
JACKSONVILLE, FL 32210**

**DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME BUCKNER, BRIAN C
STREET ADDRESS 6326 THUMPER ST
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE TD
NAME BUCKNER, TAMMY L
STREET ADDRESS 6326 THUMPER ST.
CITY-ST-ZIP JACKSONVILLE, FL 32210

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IN THIS SPACE**

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05/13/06-80098-008 150.00

12. I hereby 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian C. Buckner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian C. Buckner

Date

4/26/06

Daytime Phone #

904-325-3721