


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90001 041 ***150.00

DOCUMENT # P03000146442			
1. Entity Name BUCKY AND SON'S, INC.			
Principal Place of Business 14312 KIDS LN. SOUTHPORT FL 32409		Mailing Address 14312 KIDS LN. SOUTHPORT FL 32409	
2. Principal Place of Business 1600 Pioneer Rd. Suite, Apt. #, etc. Chipley, Fla. City & State		3. Mailing Address 1600 Pioneer Rd. Suite, Apt. #, etc. Chipley, Fl. City & State 32428	
Zip 32428	Country Washington	Zip 32428	Country Washington
4. FEI Number 32-0103466		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'BERRY, JANIE 14312 KIDS LN. SOUTHPORT FL 32409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Janie O'Berry</u> (NOTE: Registered Agent signature required when resigning) DATE <u>8-30-05</u> 850-415-1932			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP FARMER, MIKE 16827 EASTWOOD DRIVE FOUNTAIN FL 32438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Searaferay Kenneth Lawrence Cordell Brandon Rd. Panama City Fla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BERRY, JAMIE 14312 KIDS LN SOUTH PORT FL 32409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:

Janie L. O'Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-05
Date

415-1932
Daytime Phone #

ATTACHMENT

50066310

#P03000146442

To whom it may concern,

9-05

I am mailing this for my mother Janie O'Beny who has been in the hospital. If any questions feel free to call,

850-415-1932

Thank you.