


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000152359


1. Entity Name  
 DONALD W. BUCKLER, P.A.



Principal Place of Business: 101 E. KENNEDY BLVD, SUITE 1790 TAMPA, FL 33602

Mailing Address: 101 E. KENNEDY BLVD, SUITE 1790 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number: 20-0592593 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, W. GRAHAM  
 250 S. PARK AVENUE, 5TH FLOOR  
 WINTER PARK, FL 32789

**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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCKLER, DONALD W
STREET ADDRESS	101 E. KENNEDY BLVD, SUITE 1790
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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 empowerment.

SIGNATURE: Donald W. Buckler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Day in a Phone # \_\_\_\_\_