

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000006220**

1. Entity Name  
**BUCKLES & ASSOCIATES, INC.**



Principal Place of Business  
**740-C COUSIN TOWN RD.  
INTERLACHEN, FL 32148**

Mailing Address  
**P.O. BOX 232  
INTERLACHEN, FL 32148**



02232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **51-0491868** Applied For ☐ Not Applicable ☐

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

**6. Name and Address of Current Registered Agent**

**DUTY, DORA  
740-C COUSIN TOWN RD.  
INTERLACHEN, FL 32148**

**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 file if applicable

(NOTE: Registered Agent signature required when reappointing)

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**

**1111000466111  
03/22/06-80062-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **DUTY, LARRY**  
STREET ADDRESS **740-C COUSIN TOWN RD.**  
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE **VPT**  
NAME **DUTY, DORA**  
STREET ADDRESS **740-C COUSIN TOWN RD.**  
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE **MD**  
NAME **ALEXANDER, STEVEN**  
STREET ADDRESS **740-C COUSIN TOWN RD.**  
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE **S**  
NAME **ALEXANDER, BECKY**  
STREET ADDRESS **740-C COUSIN TOWN RD.**  
CITY-ST-ZIP **INTERLACHEN, FL 32148**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dora Duty**

**3-8-06**

Date

**384-684-3566**

Daytime Phone #