


**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      Mailing Address  
**740-C COUSIN TOWN RD.**      **P.O. BOX 232**  
**INTERLACHEN, FL 32148**      **INTERLACHEN, FL 32148**



02232006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**51-0491868**       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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reelecting)      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: *Dora Duty*      *Dora Duty*      3-8-06      384-684-3566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #