

DOCUMENT # P04000006220

1. Entity Name

BUCKLES & ASSOCIATES, INC.



FILED  
Feb 15, 2007 08:00 AM  
Secretary of State

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

Mailing Address  
P.O. BOX 232  
INTERLACHEN FL 32148



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 51-0491868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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-STATE-ZIP	<input type="checkbox"/> Delete
P	DUTY, LARRY	740-C COUSIN TOWN RD.	INTERLACHEN FL 32148	<input type="checkbox"/>
VPT	DUTY, DORA	740-C COUSIN TOWN RD.	INTERLACHEN FL 32148	<input type="checkbox"/>
MD	ALEXANDER, STEVEN	740-C COUSIN TOWN RD.	INTERLACHEN FL 32148	<input type="checkbox"/>
S	ALEXANDER, BECKY	740-C COUSIN TOWN RD.	INTERLACHEN FL 32148	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

U00000637828  
02/27/07-80005-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/12/07

386-684-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #