

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006220

FILED
Jun 24, 2009
Secretary of State

Entity Name: BUCKLES & ASSOCIATES, INC.

Current Principal Place of Business:

740-C COUSIN TOWN RD.
INTERLACHEN, FL 32148

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 232
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 51-0491868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
SUITE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

DUTY, LARRY
740 COUSINTOWN ROAD
INTERLACHEN, FL 32148 US

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.

SIGNATURE: LARRY DUTY

06/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUTY, LARRY
Address: 740-C COUSIN TOWN RD.
City-St-Zip: INTERLACHEN, FL 32148

Title: VP () Delete
Name: DUTY, DORA
Address: 740-C COUSIN TOWN RD.
City-St-Zip: INTERLACHEN, FL 32148

Title: MD () Delete
Name: ALEXANDER, STEVEN
Address: 740-C COUSIN TOWN RD.
City-St-Zip: INTERLACHEN, FL 32148

Title: S () Delete
Name: ALEXANDER, BECKY
Address: 740-C COUSIN TOWN RD.
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA DUTY

VP

06/24/2009

Electronic Signature of Signing Officer or Director

Date