05-02-2005 90570 033 ***150.00
P04000006413

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000006413

1. Entity Name
THOMAS BUCCI INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL -6 PM 3:47

Principal Place of Business	Mailing Address
7714 PONTIAC DRIVE PENSACOLA, FL 32506	7714 PONTIAC DRIVE PENSACOLA, FL 32506

02162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7714 Pontaic Drive	7714 Pontiac Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola Florida	City & State: Pensacola Florida
Zip: 32506 Country: U.S.A	Zip: 32506 Country: U.S.A.

4. FEI Number: 134246488 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUCCI, THOMAS
7714 PONTIAC DRIVE
PENSACOLA, FL 32506

7. Name and Address of New Registered Agent

Name: Thomas Nicola Bucci
Street Address (P.O. Box Number is Not Acceptable): 7714 Pontaic Drive
City: Pensacola FL Zip Code: 32506

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] DATE: 4-27-05
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

DW 7/6/05

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Thomas Nicola Bucci 7714 Pontiac Dr. Pensacola, FL 32506 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered.

SIGNATURE: [signature] Thomas Nicola Bucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #