

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009208

FILED  
Mar 07, 2005  
Secretary of State

Entity Name: JASON BUCO ENTERPRISES, INC.

## Current Principal Place of Business:

4200 S UNIVERSITY DR.  
DAVIE, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

4200 S UNIVERSITY DR.  
DAVIE, FL 33324

## New Mailing Address:

FEI Number: 20-0672329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCO, JASON  
4200 S UNIVERSITY DR.  
DAVIE, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete  
Name: BUCO, JASON  
Address: 4200 S UNIVERSITY DR.  
City-St-Zip: DAVIE, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: BUCO, JASON  
Address: 4200 S UNIVERSITY DR.  
City-St-Zip: DAVIE, FL 33324

Title: S ( ) Change (X) Addition  
Name: BUCO, CAROL  
Address: 4200 S UNIVERSITY DR.  
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JASON BUCO

DPT

03/07/2005

Electronic Signature of Signing Officer or Director

Date