


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # P04000056644
1. Entity Name
BUCKLER CONTROLS, INC.



Principal Place of Business 3916 PONCE DE LEON AVENUE JACKSONVILLE, FL 32217 US	Mailing Address P.O. BOX 550818 JACKSONVILLE, FL 32255 US
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05222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0963238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUCKLER, STEVEN A
3916 PONCE DE LEON AVENUE
JACKSONVILLE, FL 32217

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BUCKLER, STEVEN A 3916 PONCE DE LEON AVENUE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUCKLER, STEVEN A 3916 PONCE DE LEON AVENUE JACKSONVILLE, FL 32217
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06/01/07-80011-010 150.00

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: Steven A. Buckler STEVEN A. BUCKLER 5/24/07 904-333-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #