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LUNDY AND BOWERS CPA's

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90268 001 ***600.00

DOCUMENT # P04000064936			
1. Entity Name BUFFALO STAMPEDE, INC.			
Principal Place of Business 268 EGLIN PARKWAY FT. WALTON BEACH, FL 32548 US		Mailing Address 268 EGLIN PARKWAY FT. WALTON BEACH, FL 32548 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Fbi Number 20-1857002		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANLEY, MICHAEL C. 3807 CHERRYWOOD COURT NICEVILLE, FL 32578		7. Name and Address of New Registered Agent 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 required to print the name of registered agent and fee if applicable. (STATE Registered Agent signature required when maintaining.) DATE: _____)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete HANLEY, MICHAEL C 3807 CHERRYWOOD COURT NICEVILLE, FL 32578	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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 disclosed 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 appointed to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears at block 10 or block 11 if changed, or on an attachment with an address, with all other the employees.			
SIGNATURE: 		5-106 850-863-9464	
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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