

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

5/ Jul 13, 2006 8:00 am
Secretary of State

05-08-2006 90277 038 ***150.00

DOCUMENT # P04000067873	
1. Entity Name BUCKHORN FIRST, INC.	

Principal Place of Business 43 GREENLIN VILLA RD CRAWFORDVILLE FL 32327	Mailing Address 43 GREENLIN VILLA RD CRAWFORDVILLE FL 32327
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent FRANKLIN, FREDDIE SR. 43 GREENLIN VILLA RD CRAWFORDVILLE FL 32327
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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.

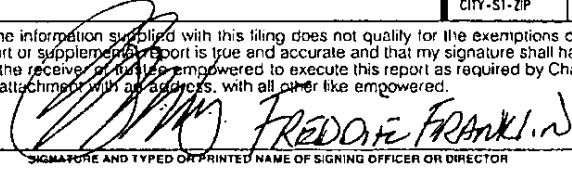
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
P FRANKLIN, FREDDIE SR. 43 GREENLIN VILLA RD CRAWFORDVILLE FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TREA FRANKLIN, JOHNNY 43 GREENLIN VILLA RD CRAWFORDVILLE FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
SECY FRANKLIN, EDDIE 43 GREENLIN VILLA RD CRAWFORDVILLE FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 exemptions contained in Section 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:  FREDDIE FRANKLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/26/06 545-9153
Date Daytime Phone #