2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167705

Entity Name: BUCK CONSTRUCTION, INC.

FILED Feb 03, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

608 STATE 2 W. 608 STATE HWY 2 W.

DEFUNIAK SPGS, FL 32433 US DEFUNIAK SPGS, FL 32433 US

Current Mailing Address: New Mailing Address:

608 STATE 2 W. 608 STATE HWY 2 W.

DEFUNIAK SPGS, FL 32433 US DEFUNIAK SPGS, FL 32433 US

FEI Number: 20-2005991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD, DONNA M
608 STATE 2 W
ARNOLD, DONNA M
608 STATE HWY 2 W

DEFUNIAK SPGS, FL 32433 US DEFUNIAK SPGS, FL 32433 US

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: DONNA M ARNOLD 02/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ARNOLD, ZACHERY K
 Name:
 ARNOLD, ZACHERY K

 Address:
 608 STATE 2 W
 Address:
 608 STATE HWY 2 W

City-St-Zip: DEFUNIAK SPGS, FL 32433 US City-St-Zip: DEFUNIAK SPGS, FL 32433 US

Title: VP () Delete Title: () Change () Addition

 Name:
 PALMER, MICHAEL T
 Name:

 Address:
 244 B A KELLY RD
 Address:

 City-St-Zip:
 DEFUNIAK SPGS, FL 32433 US
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 ARNOLD, DONNA M
 Name:
 ARNOLD, DONNA M

 Address:
 608 STATE 2 W
 Address:
 608 STATE HWY 2 W

City-St-Zip: DEFUNIAK SPGS, FL 32433 US City-St-Zip: DEFUNIAK SPGS, FL 32433 US

Title: V () Delete Title: () Change () Addition

 Name:
 FOUNTAIN, TIMOTHY C
 Name:

 Address:
 8900 US HWY 90 W
 Address:

 City-St-Zip:
 DEFUNIAK SPRINGS, FL 32433
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ZACHERY K ARNOLD P 02/03/2006