

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167705

Entity Name: BUCK CONSTRUCTION, INC.

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

608 STATE HWY 2 W.
DEFUNIAK SPGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

608 STATE HWY 2 W.
DEFUNIAK SPGS, FL 32433 US

New Mailing Address:

FEI Number: 20-2005991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, DONNA M
608 STATE HWY 2 W
DEFUNIAK SPGS, FL 32433 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: P () Delete
Name: ARNOLD, ZACHERY K
Address: 608 STATE HWY 2 W
City-St-Zip: DEFUNIAK SPGS, FL 32433 US

Title: VP (X) Delete
Name: PALMER, MICHAEL T
Address: 244 B A KELLY RD
City-St-Zip: DEFUNIAK SPGS, FL 32433 US

Title: SEC () Delete
Name: ARNOLD, DONNA M
Address: 608 STATE HWY 2 W
City-St-Zip: DEFUNIAK SPGS, FL 32433 US

Title: V () Delete
Name: FOUNTAIN, TIMOTHY C
Address: 8900 US HWY 90 W
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/07/2008

Electronic Signature of Signing Officer or Director

Date