2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # P05000084841 1. Entity Name BUCKLEY INVESTMENT GROUP, INC.							04-16-2007 9	0073 040 ***150	0.00
Principal Place 2641 E GULI INVERNESS,	F TO LAKE H			Mailing Address 2641 E GULF TO LAKE HIGHWAY INVERNESS, FL 34453					
581 E Suite, Apt.	Gulf 1	ness - No P.O. Box #	3. Mailing Address 581 E Gulf + Suite, Apt. #, etc.	581 E Gulf to Lake Hwy Suite, Apt. #, etc.			Chg-P	CR2E034 (12/06	
N/A City & State			P/A City & State	City & State			<u> </u>		Applied For
Lean		FL	Lecanto	FL		4. FEI Numb 20-302			lot Applicable
34461-9	9392	CA S.A	34461-9392	Countr	•	5. Certificate	of Status Desired	□ \$8.75 Ac Fee Requir	
		and Address of Currer			1/3	7. Name and	Address of New R		-
BUCKLEY, ED 2641 E GULF TO LAKE HIGHWAY INVERNESS, FL 34453						y ED ss (P.O. Box Numb E. Gulf	er is Not Acceptable) ~	
					City		. 1-	FL Zip.Co	de
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. TITLE	D	OFFICERS ANI	Delete	11. TITLE	D	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BUCKLEY, ED NAM					conto.	t to rake	61-9392	☐ Addition
TITLE			☐ Delete	TITLE		-c ui 10 	1 2 3 1-1	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET CITY-S	T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	- 10		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-S				☐ Change	☐ Addition
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: SIGNATURE AND CORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #									