## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000133125

Entity Name: BUCKINGTAN SUN PALACE INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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14561 PALM BEACH BLVD 14561 PALM BEACH BLVD **UNIT #51** UNIT #51

FT MYERS, FL 33905 FORT MYERS, FL 33905

**Current Mailing Address: New Mailing Address:** 

14561 PALM BEACH BLVD 14561 PALM BEACH BLVD **UNIT #51 UNIT #51** FT MYERS, FL 33905 FORT MYERS, FL 33905

FEI Number: 01-0842882 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:

DORAMUS, JOHN W ROBERSON, JAMES C 5712 SANDPIPER PL 4700 LONG LAKE DR US FORT MYERS, FL 33905 US FT MYERS, FL 33919

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: JAMES C ROBERSON 04/10/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition ROBERSON, JAMES C ROBERSON, JAMES C Name: Name: 4700 LONG LAKE DR 4700 LONG LAKE DR Address: Address: City-St-Zip: FT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905

Title: VΡ Title: **VPS** () Delete (X) Change ( ) Addition

Name: PALIN, TRACY L Name: PALIN, TRACY L 4700 LONG LAKE DR 4700 LONG LAKE DR Address: Address: FT MYERS, FL 33905 FORT MYERS, FL 33905 City-St-Zip: City-St-Zip:

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

PALAN, TRACY L Name: 4700 LONG LAKE DR Address: Address: City-St-Zip: FT MYERS, FL 33905 City-St-Zip:

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

ROBERSON, JAMES C Name: Address: 4700 LONG LAKE DR Address: City-St-Zip: FT MYERS, FL 33905 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: JAMES C ROBERSON PT 04/10/2009