



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90015 047 ***150.00

DOCUMENT # P05000138596 1. Entity Name BUCKINGHAM CARRIAGE CO, INC.					
Principal Place of Business 614 133 STREET EAST BRADENTON, FL 34212 US			Mailing Address 614 133 STREET EAST BRADENTON, FL 34212 US		
2. Principal Place of Business 4495 N. Coconut Ave. Suite, Apt. #, etc. Sarasota, FL City & State 34234 Zip 34234		3. Mailing Address 4495 N. Coconut Ave. Suite, Apt. #, etc. Sarasota, FL City & State 34234 Zip 34234			
Country USA		Country USA		4. FEI Number 20-3611440	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CIARAMITARO, STEPHANIE 614 133 STREET EAST BRADENTON, FL 34212			7. Name and Address of New Registered Agent Name Stephanie Ciaramitaro Street Address (P.O. Box Number is Not Acceptable) 4495 N. Coconut Ave. Sarasota City SARASOTA FL Zip Code 34234		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D CIARAMITARO, STEPHANIE 614 133 STREET EAST BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOMS, JAMES 614 133 STREET EAST BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMS, LORETTA 614 133 STREET EAST BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNN, KRISTA 614 133 STREET EAST BRADENTON, FL 34212	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Stephanie Ciaramitaro</u> Stephanie Ciaramitaro 3-21-06 (941)812-4985 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					