

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90030 006 ***150.00

DOCUMENT # P05000143642					
1. Entity Name BUELL PROPERTIES INC.					
Principal Place of Business 19751 SE 15TH PLACE MORRISTON, FL 32668			Mailing Address 19751 SE 15TH PLACE MORRISTON, FL 32668		
2. Principal Place of Business - No P.O. Box # 1871 NE 159th Ave		3. Mailing Address 1871 NE 159th Ave			
Suite, Apt. #, etc. Williston, FL		Suite, Apt. #, etc. Williston, FL		04302008 Chg-P CR2E034 (12/06)	
City & State Williston FL		City & State Williston FL		4. FEI Number 20-3788523	
Zip 32696		Country Levy		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUELL, WENDY 19751 SE 15TH PLACE MORRISTON, FL 32668			7. Name and Address of New Registered Agent		
Name Wendy Buell			Street Address (P.O. Box Number is Not Acceptable) 1871 NE 159th Ave		
City Williston			FL Zip Code 32696		
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: <u>Wendy Buell</u>				DATE: <u>4-30-08</u>	
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	PVST BUELL, WENDY 19751 SE 15TH PLACE MORRISTON, FL 32668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Wendy Buell 1871 NE 159th Ave Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Wendy Buell</u>				DATE: <u>4-30-08</u> DAYTIME PHONE: <u>352-572-3678</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					