

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90097 021 \*\*\*158.75

DOCUMENT # P06000129865

1. Entity Name

BUCKEYE LODGE OF CUSETA., INC



Principal Place of Business

11378 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411

Mailing Address

11378 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411



2. Principal Place of Business - No P.O. Box #

3516 185th Trail No

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Loxahatchee Florida

City & State

4. FEI Number

20-5700692

Applied For

Not Applicable

Zip

33470

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, SCOTT  
11378 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME WHITEHEAD, SCOTT  
STREET ADDRESS 11378 OKEECHOBEE BLVD  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE VP  
NAME FLOYD, LANAN  
STREET ADDRESS PO BOX 988  
CITY-ST-ZIP CUESTA GA 31805 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres  
NAME Scott Whitehead  
STREET ADDRESS 3516 185th Trail North  
CITY-ST-ZIP Loxahatchee, Florida 33470 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Scott Whitehead*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/07

Date

561-358-0163

Daytime Phone #