

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000069269

1. Entity Name
BUXTON HOLDINGS, INC.



Principal Place of Business
8075 MALL PARKWAY
#101-362
LITHONIA, GA 30038 US

Mailing Address

8075 MALL PARKWAY
#101-362
LITHONIA, GA 30038 US

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

Suite, Apt. #, etc.
suite 2200

3. Mailing Address

260 Peachtree St.

Suite, Apt. #, etc.

Suite 2200

City & State
Atlanta, GA

City & State

Atlanta, GA

Zip 30303 Country US

Zip

30303

Country

US

04292008 Chg-P CR2E034 (12/06)

4. FEI Number
26041-1272

Applied For
Not Applicable

5. Certificate of Status Desired
PMA \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BUXTON, KP
STREET ADDRESS 8075 MALL PARKWAY #101-362
CITY-ST-ZIP LITHONIA, GA 30038

Delete

TITLE Director
NAME Buxton, KP
STREET ADDRESS 260 Peachtree St
CITY-ST-ZIP Atlanta, GA 30303

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 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:

SC

28 Apr 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #