
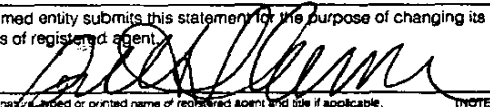
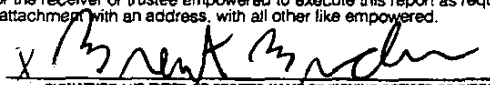


FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90020 030 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000085617			
1. Entity Name THE LAW OFFICES OF BRENT BUCKMAN P.A.			
Principal Place of Business 906 SW SAINT LUCIE WEST BLVD., STE. 263 PORT SAINT LUCIE, FL 34986		Mailing Address 906 SW SAINT LUCIE WEST BLVD., STE. 263 PORT SAINT LUCIE, FL 34986	
2. Principal Place of Business - No P.O. Box # 2400 SE VETERANS MEMORIAL PKWY.		3. Mailing Address STE. 128 ← SAME AS	
Suite, Apt. #, etc. STE. 128		Suite, Apt. #, etc. SAME AS	
City & State PORT ST. LUCIE, FL.		City & State SAME AS	
Zip 34952	Country USA	Zip 34952	Country USA
6. Name and Address of Current Registered Agent SHANN, BRETT 1586 SW BAYSHORE BLVD. PORT SAINT LUCIE, FL 34983		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:  DATE: 3/12/08 <small>Signature, printed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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	PD BUCKMAN, BRENT 906 SW SAINT LUCIE WEST BLVD., STE. 263 PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUCKMAN, BRENT 2400 SE VETERANS MEMORIAL PKWY. STE. 128 PORT SAINT LUCIE, FL. 34952 <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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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: 		March 14, 2008 772-224-1509	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	