


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 041 ***150.00

| | |
|---|---|
| DOCUMENT # P08993 |  |
| 1. Entity Name BUFFALO ROCK COMPANY, INC. | |

| | |
|--|--|
| Principal Place of Business % LARRY DUTTON P.O. BOX 10048 BIRMINGHAM, AL 35202 | Mailing Address % LARRY DUTTON P.O. BOX 10048 BIRMINGHAM, AL 35202 |
|--|--|

| | |
|---|---------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | |
|--|--|--|--|

| | | | |
|---|--|--|--|
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 | | | |
|---|--|--|--|

60001934



01092007 Chg-P CR2E034 (12/06)

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|------------------------------------|--|
| 4. FEI Number 63-0032365 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|--|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

| | | |
|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PD | NAME LEE, JAMES C. III | TITLE | NAME |
| STREET ADDRESS 111 OXMOOR ROAD | CITY-ST-ZIP BIRMINGHAM, AL | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE VD | NAME BARKER, ROGER D. | TITLE | NAME |
| STREET ADDRESS 111 OXMOOR RD | CITY-ST-ZIP BIRMINGHAM, AL | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE VP | NAME GREG, SMITH | TITLE | NAME |
| STREET ADDRESS 111 OX MOOR RD | CITY-ST-ZIP BIRMINGHAM, AL 35209 | STREET ADDRESS | CITY-ST-ZIP |
| <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <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: LARRY DUTTON, Larry Dutton **1/9/07** **205 942-3435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #