

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000089176

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** BUCK LAKE INSTITUTE, INC

**Current Principal Place of Business:**

1026 WALDEN ROAD  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

1026 WALDEN ROAD  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHFORD, L J  
1026 WALDEN ROAD  
TALLAHASSEE, FL 32317    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ASHFORD, L J  
Address: 1026 WALDEN ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP  
Name: ASHFORD, ALICESTINE D  
Address: 1026 WALDEN ROAD  
City-St-Zip: TALLAHASSEE, FL 32317 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: L JEROME ASHFORD

CEO

02/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date