

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # P26667

1. Entity Name
BUCKLAND DESOL INCORPORATED



Principal Place of Business
**7 PARKVIEW DR.
ST THOMAS, ONTARIO, CANADA, n5r-4b4**

Mailing Address
**7 PARKVIEW DR.
ST THOMAS, ONTARIO, CANADA, N5R-4B4**



01172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **98-0109480** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**BOUTZOUKAS, MICHAEL E
GOLD & REMMICK PA
704 W BAY STREET
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUCKLAND, FRANK MCTEAR
STREET ADDRESS	7 PARKVIEW DR.
CITY-STATE-ZIP	ST. THOMAS, ONTARIO,
TITLE	S
NAME	BUCKLAND, MARGUERITE
STREET ADDRESS	7 PARKVIEW DR.
CITY-STATE-ZIP	ST. THOMAS, ONTARIO,
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/22/04-80023-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *F. L. BUCKLAND*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17/03 127-266-2619
Date Daytime Phone #