

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90316 028 \*\*\*150.00

**DOCUMENT # P93000030202**

1. Entity Name  
BUSKIRK HOLDINGS, INC.



Principal Place of Business 303 NINTH STREET WEST STE 201 BRADENTON, FL 34205 US	Mailing Address 303 NINTH STREET WEST STE 201 BRADENTON, FL 34205 US
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**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0419747	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSKIRK, FRANK A  
303 NINTH STREET WEST  
STE 201  
BRADENTON, FL 34205

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

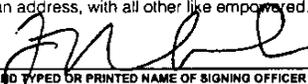
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BUSKIRK, FRANK A 303 NINTH STREET WEST STE 201 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUSKIRK, EMILY B 303 NINTH STREET STE 201 BRADENTON, FL 34205
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**DO NOT WRITE  
IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_