2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054534

FILED Mar 01, 2006 Secretary of State

Entity Name: BUCKLEW INSURANCE, INC.	,
Current Principal Place of Business:	New Principal Place of Business:
1855 WEST STATE RD. 434 LONGWOOD, FL 32750 US	
Current Mailing Address:	New Mailing Address:
6974 LAKE OLA DR. MT. DORA, FL 32757	
FEI Number: 59-3193200 FEI Number Applied For () FEI Nu	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
BUCKLEW, HARRISON T 3974 LAKE OLA DR. MT. DORA, FL 32757 US	
The above named entity submits this statement for the purpose n the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: D () Delete	Title: P (X) Change () Addition

BUCKLEW, HARRISON T BUCKLEW, HARRISON T Name: Name: 6974 LAKÉ OLA DR. 6974 LAKE OLA DR. Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. DORA, FL 32757

Title: () Delete Title: () Change () Addition

BUCKLEW, LINDA R Name: Name: Address: 6974 LAKE OLA DR. Address: MT. DORA, FL 32757 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARRISON T. BUCKLEW Ρ 03/01/2006