


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000088515

1. Entity Name
BUCANCLOAR, INC.



Principal Place of Business
**1037 N. HALIFAX DR.
 ORMOND BEACH, FL 32176**

Mailing Address
**P.O. BOX 231
 ORMOND BEACH, FL 32175**



07192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3286719

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BUCKLEY, DENNIS M
 1037 N. HALIFAX DR.
 ORMOND BEACH, FL 32176**

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 \$550.00
 Due by September 6, 2006**

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

U00000572248
 07/25/06-80022-005 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCKLEY, DENNIS M
STREET ADDRESS	1037 N. HALIFAX DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	ANDERSON, GEORGE
STREET ADDRESS	315 N ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Dennis M. Buckley **7-21-06** **386-44-3690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #