

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 007 ***150.00

DOCUMENT # P95000078015

1. Entity Name
BUDDY & DEANNA LONG, INC.



Principal Place of Business
**6822 OLD POLK CITY
LAKELAND, FL 33809**

Mailing Address
**6822 OLD POLK CITY
LAKELAND, FL 33809**

2. Principal Place of Business

601 N Morgan St.

Suite, Apt. #, etc.

3. Mailing Address

3521 BELL Shoals Rd.

Suite, Apt. #, etc.



01162004

Chg-P

CR2E034 (10/03)

City & State

Tampa, FL

Zip

33602

Country

USA

City & State

VAIRICO, FL

Zip

33594

Country

USA

4. FEI Number

59-3342428

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LONG, D.C.
6822 OLD POLK CITY
LAKELAND, FL 33809**

7. Name and Address of New Registered Agent

Name **Shawn Long**
Street Address (P.O. Box Number is Not Acceptable)

3521 BELL Shoals Rd

City **VAIRICO**

FL

Zip Code

33594

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 reinstating)

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 **D** ☐ Delete
NAME **LONG, D. C**
STREET ADDRESS **6822 OLD POLK CITY**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **D** ☐ Delete
NAME **LONG, DEANNA**
STREET ADDRESS **6822 OLD POLK CITY**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **VPD** ☐ Delete
NAME **LONG, SHAWN**
STREET ADDRESS **36 CAMERLOT-RIDGE DR**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **VPD** ☐ Delete
NAME **LONG, SHANNON**
STREET ADDRESS **17008 HAWK CREST DRIVE**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #