

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90471 001 *****8.75
05-03-2004 90471 002 ***150.00

66417677



04292004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0625633** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BUCKLEY, AM
5599 DEWBERRY WAY
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name **Buckley, A.M.**
Street Address (P.O. Box Number is Not Acceptable)
2720 Imperial Lane
City **Sebring** FL Zip Code **33872**

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 *A.M. Buckley* **A.M. Buckley** **4/29/04**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	☐ Delete
NAME	BUCKLEY, AM	
STREET ADDRESS	5599 DEWBERRY WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	CD	☒ Delete
NAME	SAXON, PAULA L	
STREET ADDRESS	1282 WILD DAISEY LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	PTSD	☐ Delete
NAME	BUCKLEY, LINDA L	
STREET ADDRESS	5599 DEWBERRY WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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
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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: *A.M. Buckley* **A.M. Buckley V.D.** **4/29/04** **564 310-6078**
Signature and typed or printed name of signing officer or director Date Daytime Phone #