


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 026 ***158.75

DOCUMENT # P95000085677	
1. Entity Name BUCKHEAD RIDGE INSURANCE CONSULTANTS, INC.	

Principal Place of Business 14 CYPRESS STREET BUCKHEAD RIDGE OKEECHOBEE FL 34974	Mailing Address 14 CYPRESS STREET BUCKHEAD RIDGE OKEECHOBEE FL 34974
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2. Principal Place of Business 14 Cypress St. BHR	3. Mailing Address 14 Cypress St. BHR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Okeechobee, Fl. 34974	City & State Okeechobee, Fla. 34974
Zip 34974	Country Glades

4. FEI Number 65-0624703	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PATENT, JOHNNIE H 14 CYPRESS STREET BUCKHEAD RIDGE OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATENT, JOHNNIE H 14 CYPRESS STREET BUCKHEAD RIDGE OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATENT, GERALDINE 14 CYPRESS ST OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Geraldine H. Patent* **6/29/06** **1-863-763-1616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40097725
#P95000635677

Attention Gary
Division of Corporations
Annual Report Section
P. O. Box 6850
Tallahassee, FL 32314

Dear Gary,

On June 15th I spoke to you about Annual report for Buckhead Insurance Consultants, Inc. at that time I was looking for the annual report form which I did not receive, I have enclosed your mailing envelope so you can see when I received it. I therefore am sending it to you today along with the check. I believe the reason that I did not receive any previous mailings is that you had the zip as 34970, it is suppose to be 34974. I have made the correction on the annual report form.

Thank you for your attention to this matter.

Sincerely,


Geraldine F. Patent
Secretary- Treasurer