## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT				FILED				
OCUMENT # P96000102608  BUFFALO CHIPS, INC.				Apr 24, 2008 08:00 AN Secretary of State				
BUFFAL	o Chies, INC.					<b>,</b>		
Principal Plac	ce of Business	Mailing Address						
26620 OLD Bonita Spr	US 41 RINGS, FL 34135	26620 OLD US 41 BONITA SPRINGS, FL 34135						
				1.05001 175 10110				
E	O NOT WRITE	IN THIS SPA	CE	04212008 N	o Chg-P Cl	R2E034 (11/05)  Applied For	<del>-</del> ]	
			(	59-3415202	2	Not Applicab	le	
				5. Certificate of Sta	tus Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent					Š	
GREENWOOD, ALFRED L JR. 26620 OLD US 41				DO N	OT WRI	TE		
BONITA SPRINGS, FL 34135			2000 A 100 A	التباعدها ومنيا المتشمية	IS SPA	a sandan da a a a a a a a a a a a a a a a a	Ž.	
							(A) (A)	
8. The above	named entity submits this statement for the	a number of changing its requires	ad office or register	and appear or both in il	ha Stara of Florida	Lam Jamiliar with and accor		
the obtigat	tions of registered agent,	s pulpose of changing its register	ed office of register	ed agent, or both, in t	ne sizie oi riolida.	ram familiai with, and accep	"	
SIGNATURE	Change			<del> </del>				
	Signature, typed or printed name of registered agent and to	ise i abblicable (NOLE, Hediztele	d Agent signature required	when leinsteinig)	<u></u>	ATE	_	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	*	00 May Be U	5/13/08-80	9298 117-015 150.00		
10.	OFFICERS AND DIR	ECIORS					<u> </u>	
TITLE NAME	DP GREENWOOD, ALFRED L							
STREET ADDRESS CITY+ST+ZIP	26620 OLD US 41							
THE	BONITA SPRINGS, FL 34135 VP			i di disabili di la Langua di diamana			196 	
NAME	GREENWOOD, ALFRED L JR.						V.	
STREET ADDRESS CITY-ST-ZIP	27891 LANCE DR. BONITA SPRINGS, FL 34135							
TITLE							şi e	
NAME STREET ADDRESS							8	
CITY-ST-71P				DO NOT WRITE				
TITLE NAME			A. 0. 200 A	IN TH	IS SPAC	CE	4	
STREET ADDRESS			1.00 (	لا من الله الله الله المؤرثين في حق القد المؤرث من من المراز و الرواد و	kaka salit erak 1961 bil		3) (3)	
CITY-ST-ZIP							i de la companya de l	
TITLE NAME								
STREET ADDRESS								
CITY-ST-ZIP								
NAME							XI I	
STREET ADDRESS CITY-ST-ZIP								
12. I hereby o	certify that the information supplied with this	filing does not qualify for the exe	emptions contained	in Chapter 119, Florid	da Statutes. I furthe	certify that the information		
of the cor changed.	certify that the information supplied with this on this report or suppramental report is true poration or the received by rustee lemons or on an attachment with in fadouses, with	e and accurate and that my signal early execute this report as requi- all other like empowered.	red to Chapter 607	ame regai errect as il i , Florida Statutes; and	that my name appe	iac cam an onicer or director ears in Block 10 or Block 11 if	·	
	{ <i>U // T</i> . ∧ \	VIIII/ COM	<u>(/</u> /	4/	12/112			
SIGNAT	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR DIRECT	ron	7/1	OLVO	Daytime Phone #		