

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90386 029 ***150.00

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04242006 Chg-P CR2E034 (11/05)

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|---|---|---|---|---|--|
| DOCUMENT # P97000051964 1. Entity Name LERUE BUCKNOR, P.A. | | | | | |
| Principal Place of Business 56030 NW 21 ST FT LAUDERDALE, FL 33313 US | | | Mailing Address 5630 NW 21 ST FT LAUDERDALE, FL 33313 US | | |
| 2. Principal Place of Business <i>10145 SUNRISE</i> <i>LAKES Blvd. # 202</i> <i>SUNRISE, FL.</i> <i>33322</i> | | 3. Mailing Address <i>10145 SUNRISE</i> <i>LAKES Blvd. # 202</i> <i>SUNRISE, FL.</i> <i>33322</i> | | | |
| City & State <i>SUNRISE, FL.</i> Zip <i>33322</i> | | Country <i>U.S.A</i> | | 4. FEI Number 65-0760613 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent BUCKNOR, LERUE 5630 NW 21 ST FT LAUDERDALE, FL 33313 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>10145 Sunrise Lakes Blvd. # 202</i> City <i>SUNRISE</i> FL Zip Code <i>33322</i> | | |
| 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 <i>Lerue Bucknor</i> <i>Lerue Bucknor/DIRECTOR</i> DATE <i>04/24/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BUCKNOR, LERUE 5630 NW 21 ST FT LAUDERDALE, FL 33313 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10145 SUNRISE LAKES Blvd. # 202</i> <i>SUNRISE, FL. 33322</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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: <i>Lerue Bucknor</i> <i>Lerue Bucknor/DIRECTOR</i> DATE <i>04/24/06</i> (954) 572-9939 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small> | | | | | |