2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

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DOCUMENT # P97000094666 1. Entity Name BUCK & ASSOCIATES, P.A.					04-11-2008 90057 038 ***150.00			
Principal Place	e of Business	Mailing Address	J	_	400000	. -		
13127 SPRING HILL 13127 SPRING HILL					10000			
SPRING HILL, FL 34609 SPRING HILL, FL 34609								
01 10110 1112						INJ 25517 55111 6617 661	***	ns 6(11 16 1 ti 1951
				• •				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address . SOLY Spring Hill Dr 80LY Spring H			0 1111	۲			H) BONE IRIN BIDID BIND BI	IIB OMBOBI MINOO
Suite, Apt.		Suite, Apt. #, etc.	1 4111 12	•	-			
Suite, Apt.	#, etc.	Salte, Apr. #, etc.	•		04082008	Chg-P	CR2E034 (12/	06)
City & State		City & State			4. FEI Number			Applied For
Spri	nq Hill, FL Country	Spring Hil	11, FL		59-3423	940		Not Applicable
		Zip	Country		5. Certificate of	Status Desired		Additional
3460	day of the second secon	34606					- Fee Hea	uired
	6. Name and Address of Current F	Registered Agent	Name		7. Name and A	daress of New F	Registered Agent-	
BUCK DV	VID A		Name					
BUCK, DAVID A 13127 SPRING HILL DRIVE			Street A	ddress (P.O. Box Number		et .	
SPRING HILL, FL 34609					Sprine	J H. 11	12 L	·····
					•	-		
			City		11.		FL 驾	Code
			<u>\</u>	<u> </u>	na Hi	11		4606
8. The above the obligat	named entity submits this statement for ions of egistered agent.	the purpose of changing its re	gistered office or	register	red agent, or both	, in the State of Fi	опоа, таптапшагу	with, and accept
د و د و د معيد	4					44.2	2	
SIGNATURE_	Signal 6, typed or pin of name of registered agent a	MOVE B	egistereo Agent signati	ma nati ata	A service of the serv	92.	6-08	
	Signal 6, typeo or pin 40 name of registered agent a	по вве в арржаоте. (поль, н	egisterec organi signar	ne ieu mer	1 M. (C. 1 HH. 2-201.7)		DATE	
After M	E NOW!!! FEE IS \$150.00 ay:1,2008 Fee will be \$550.0	Julian Saluari funo Courio	ution (Add	.00 May Be led to Fees			
10	OFFICERS AND		31.45 ***** >		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECT	
TITLE	D	☐ Delete	TITLE				☐ Chai	rige 🔲 Addition
NAME	BUCK, DAVID A		NAME			, <i>U</i>	11.00	
STREET ADDRESS	1 3127 SPRING HILL		STREET ADDRESS CITY-ST-ZIP	5.0	Ring b	211.5 E		
CITY-ST-ZIP	SPRING HILL, FL 34609			26	icina F	4111, 11		
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NAME STREET LEDGERO			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
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NAME CERCET ADORERS			NAME STREET ADDRESS					
STREET ADORESS			CITY-ST-ZIP					
CITY-ST-ZIP		state Alliana of the second of the second	J	<u></u>	d in Observation	Clorida Otation	I forther a a site of the s	the inference*
indicatéd	certify that the information supplied with lon this report or supplemental report is	true and accurate and that my	signature shall b	ave the	same legal effect	as if made under	oath: that I am an of	ficer or director
of the cor changed	poration or the receiver or trustee empo , or on an attachment with ap address.	owered to execute this report as with all esher like empowered.	s required by Cha	apler 60	/, Florida Statutes	; and that my nan	ne appears in Block	10 of Block 11 if
2950	(1)							