

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000007652**

1. Entity Name  
**BUCK SALES AND LEASING, INC.**



Principal Place of Business  
**4030 NW GAINSVILLE RD  
OCALA, FL 34475 US**

Mailing Address  
**PO BOX 4698  
OCALA, FL 34478-4698 US**



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3495822**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COUNTS, MICHAEL E  
8527 SE 71 AVE  
OCALA, FL 34472**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COUNTS, MICHAEL E 8527 SE 71 AVE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COUNTS, SANDRA L 8527 SE 71 AVE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHAW, WENDELL 1101 SE 57 AVE OCALA, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000678551  
04/03/07-80002-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:** *Michael E Counts* *Michael E Counts* *3/14/07* *352-427-5061*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #