2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P98000037910** 1. Entity Name 04-18-2005 90268 022 ***150.00 TEN BUCKS, INC. Principal Place of Business Mailing Address 1705 MAPLE AVE PANAMA CITY FL 32405 1705 MAPLE AVE PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address 6642 Sandra Road Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3518959 FL Pa<u>nama</u> Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired ()5A Fee Required 32409 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNN, DANIEL K Street Address (P.O. Box Number is Not Acceptable) 1705 MAPLE AVE PANAMA CITY FL 32405 Zip Code 8. The above named entity submits this statement for the purpose of changing it registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE TITLE PD ☐ Delete DUNN, DANIEL K NAME NAME 6642 Sandra Road 1705 MAPLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL-32405 CITY-ST-7IP ☐ enange VPD ☐ Delete TITLE Addition TITLE DUNN, DANIEL K NAME lob42 Sandra Road STREET ADDRESS STREET ADDRESS 1705 MAPLE AVE PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 entrustee 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.

FILED

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