


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000037910 1. Entity Name TEN BUCKS, INC.	
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1705 MAPLE AVE PANAMA CITY, FL 32405	Mailing Address 1705 MAPLE AVE PANAMA CITY, FL 32405
--------------------------------------------------------------------------------	--------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3518959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIBERATORE, DAVID E
1705 MAPLE AVE
PANAMA CITY, FL 32405**

**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 *David E. Liberatore* U00000578274
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/08/07-80023-005 150.00
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	PD LIBERATORE, DAVID E 2105 SHAMROCK LANE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIBERATORE, MARY A 2105 SHAMROCK LANE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Mary Anne Liberatore (Mary Anne Liberatore)* 1/04/07 850-763-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SINGING OFFICER OR DIRECTOR Date Daytime Phone #