

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000054681

1. Corporation Name

BUCKAROO PONY PARTIES, INC.

Principal Place of Business

15273 101ST TRAIL N  
JUPITER FL 33478

Mailing Address

15273 101ST TRAIL N  
JUPITER FL 33478

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90140 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 15273 101ST TRAIL N

Suite, Apt. #, etc.

22 N/A  
City & State

23 Jupiter, FL USA

24 33478 25 USA

2a. Mailing Address

26 15273 101ST TRAIL N

Suite, Apt. #, etc.

27 N/A  
City & State

28 Jupiter, FL

29 33478 30 USA

9. Name and Address of Current Registered Agent

MILLER, JACQUELINE M  
15273 101ST TRAIL N  
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name Miller, JACQUELINE M.

82 Street Address (P.O. Box Number is Not Acceptable)

83 15273 101ST TRAIL N

84 City Jupiter

85 Zip Code FL 33478

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jacqueline M. Miller*  
Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME JACQUELINE M. MILLER  
STREET ADDRESS 15273 101ST TRAIL N  
CITY-ST-ZIP Jupiter FL, 33478

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jacqueline M. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (561) 575-6450  
Date Daytime Phone #

CR2E034 (11/98)