2008 FOR PROFIT CORPORATION

2008 08:00 AM e

ANNUAL REPORT				Jan 10, 2000 00:00			
DOCU	MENT # P980001004			Se	cretary of	Stat	
1. Entity Name BUCKEYE INVESTMENTS, INC.				,			
BUCKET	= INVESTMENTS, INC.						
Principal Place	e of Business	Mailing Address					
PO BOX 199 TAVERNIER, FL 33070 PO BOX 199 TAVERNIER, FL 33070				}			
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~ · ·				01082008	No Chg-P	CR2E034 (11/05)	
., D	O NOT WRITE	CE	4. FEI Numbe 65-0889			lied For Applicable	
	The second secon		a Company		of Status Desired	\$8.75 Additi	
	6. Name and Address of Current Re		•	4	Section 1	14,	
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31211 AVE A					NOT WE	, ,	5 " 2
BIG PINE KEY, FL 33043				IN 7	THIS SP/	/CE	
					. 10	à	` •
8. The above	named entity submits this statement for t	ne purpose of changing its registe	ered office or registe	red agent, or bot	h, in the State of Floric	la. I am familiar with, a	nd accept
the obligat	ions of registered agent.				, .		
SIGNATURE			ered Agent signature require	d when reinstaling)	र हो दूर का जिल्ला विकास के स्टब्स	ر کم دا (رز میلام) (Ali) DATE:	 .
		6 Floatice Commission Fin	anaina CE	200 5			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				i.00 May Be ded to Fees			
10.	OFFICERS AND D	RECTORS	_	,	الم الم		
NAME	O'NEILL, BRIAN			4 m 1 45 1			
STREET ADDRESS CITY-ST-ZIP	PO BOX 199 TAVERNIER, FL 33043			A1 A+ Y -	700000U	'77726 30019-020 151	กกก
TITLE	P			Y 3	01/10/08=0)DOT2_050 13	J. 1910
NAME	O'NEIL, SUZANNE P		4	1 1	*	$f(x) \leq g(x) \leq f(x)$	
STREET ADDRESS CITY+ST+ZIP	PO BOX 199 TAVERNIER, FL 33043					,	
TOTLE	,			No.	**************************************	f _a	
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NAME STREET ADDRESS			•	,			
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NAME STREET ADDRESS				~ .		* 5	
CITY-ST-ZIP			· · · · · · · · · · · · ·	6			
TITLE NAME					الجيون وديمه المطلق والديون في الديار ا	ا مشار معلوف با به المساور الم المساور المساور	and the second of the second o
STREET ADDRESS	1		The second second	f			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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:

CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-714-1968