2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 25, 2006 08:00 AM DOCUMENT # P99000015067 **Secretary of State** t. Entity Name BUCKMAN & BUCKMAN, P.A. Principal Place of Business Mailing Address 1800 SECOND ST 1800 SECOND ST SUITE 715 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State City & State 59-3563262 Not Applicable Country Country Zro \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCKMAN, YARDLEY DRAKE II Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND ST **SUITE 715** SARASOTA FL 34236 Zip Code City FL 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 CATE Signature, typed or printed name of rematered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2006 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. 11. ☐ Change Addition 🔲 TITLE TITLE DCEO Delete BUCKMAN, YARDLEY DRAKE 11 NAME NAME U00000401245 02/02/06-80036-015 150.00 STREET ADDRESS STREET ADDRESS 1800 SECOND ST CHTY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Detete TITLE Change Addition BILE BUCKMAN, AMIEE R NAME STREET ADDRESS STREET ADDRESS 1800 SECOND ST CLTY - ST - ZIP SARASOTA FL 34236 CHTY-ST-ZIP spange 🔲 Addition TITLE □ Delete 3351 f NAME MAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe Delete THE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE 7373 F NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE THELE NAME MAME STREET AUDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-IN

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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:

1-23-06

941-906-7374

FILED