2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S03639

1. Entity Name DAVID E. BUCK, P.A.

FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

2900 E OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306

llS.

Mailing Address

2900 E OAKLAND PK BLVD FT. LAUDERDALE, FL 33306

US



DO NOT WRITE IN THIS SPACE

03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3034197

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

BUCK, DAVID E. 2900 E OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registere	d Agent signaturi	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			neing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
THILE NAME STREET ADDRESS CITY-ST-ZIP	PVST BUCK, DAVID E. 2900 E OAKLAND PARK BLVD FT. LAUDERDALE, FL			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000678135 04/02/07-80021-004 150.00 ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		***************************************			

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

- 3/23/2007

9545613303