


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90280 023 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                                                     |                                                                                                                                                                                                                       |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S35788</b><br>1. Entity Name<br><b>JEBUCK, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                                                     |                                                                                                                                                                                                                       |  |  |
| Principal Place of Business<br><b>6212 KITE RIDGE DR.<br/>LITHIA, FL 33547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                                                     | Mailing Address<br><b>6212 KITE RIDGE DR.<br/>LITHIA, FL 33547</b>                                                                                                                                                    |                                                                                   |  |
| 2. Principal Place of Business<br><b>15737 Phoebe Park Ave</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | 3. Mailing Address<br><b>15737 Phoebe Park Ave</b>                                                                  |                                                                                                                                                                                                                       |                                                                                   |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | Suite, Apt. #, etc.<br>                                                                                             |                                                                                                                                                                                                                       |                                                                                   |  |
| City & State<br><b>Lithia, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  | City & State<br><b>Lithia, FL</b>                                                                                   |                                                                                                                                                                                                                       | 4. FEI Number<br><b>59-3097543</b>                                                |  |
| Zip<br><b>33547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Country<br>                                                                                                         |                                                                                                                                                                                                                       | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  | <b>\$8.75 Additional Fee Required</b>                                                                               |                                                                                                                                                                                                                       |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BUCK, JEFFERY E.<br/>6212 KITERIDGE DR.<br/>LITHIA, FL 33547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Buck, Jeffery E.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>15737 Phoebe Park Ave.</b><br>City <b>Lithia</b> <b>FL</b> Zip Code <b>33547</b> |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                                                                     |                                                                                                                                                                                                                       |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                       |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>BUCK, JEFFREY<br>6212 KITERIDGE DR<br>LITHIA, FL 33547      | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>Buck, Jeffery<br>15737 Phoebe Park Ave.<br>Lithia, FL 33547 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                        |                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                                                                                                                                                       |                                                                                   |  |
| 12. 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 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. |                                                                  |                                                                                                                     |                                                                                                                                                                                                                       |                                                                                   |  |
| <b>SIGNATURE:</b> <u><i>Jeffery E Buck</i></u> <b>Jeffery E Buck</b> <b>4/20/05</b> <b>813-870-8343</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                                                     |                                                                                                                                                                                                                       |                                                                                   |  |