

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2007 08:00 AM
Secretary of State

DOCUMENT # V60311

1. Entity Name
BUCKALOT, INC.



Principal Place of Business
**OCEAN REEF CLUB
MV 17B
KEY LARGO, FL 33037 US**

Mailing Address
**1019 MAJESTIC DR.
SUITE 310
LEXINGTON, KY 40513 US**

DO NOT WRITE IN THIS SPACE



08132007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0358129** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PSOINOS, GEORGE . P.A.A
1655 PALM BEACH LAKES BLVD SUITE 106
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000772108
08/16/07-80001-023 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEVY, MICHAEL T.
STREET ADDRESS	1019 MAJESTIC DR., SUITE 310
CITY-ST-ZIP	LEXINGTON, KY 40513
TITLE	S
NAME	LEVY, MARGARET
STREET ADDRESS	1019 MAJESTIC DR., SUITE 310
CITY-ST-ZIP	LEXINGTON, KY 40513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Levy

8-13-07

Date

859-253-1114

Daytime Phone #