2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000062420

1. Entity Name
BUY THE YARD SUPPLY, INC.

Principal Place of Business	Mailing Address
2513 PRIMEROSE AVENUE MIDDLEBURG, FL 32068	2513 PRIMEROSE AVENUE MIDDLEBURG, FL 32068

04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3729705
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FULLER, BARRY J
2301 PARK AVENUE, SUITE 404
ORANGE PARK, FL 32073

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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: Katja Palmer 04/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000055328G
05/15/06-80043-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOVELAND, VICTORIA P
STREET ADDRESS	4766 BELLADONNA ST
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	VPST
NAME	PALMER, KATJA
STREET ADDRESS	4766 BELLADONNA ST
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	VPO
NAME	LOVELAND, JOHN E
STREET ADDRESS	4766 BELLADONNA ST
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Katja Palmer 04/28/06 (904) 545-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #