


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # 326978 1. Entity Name BUYMORE INC |  |
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|---|---|
| Principal Place of Business 215 MCDONALD ST P.O. BOX 2297 LAKELAND, FL 33806-9297 | Mailing Address 215 MCDONALD ST P.O. BOX 2297 LAKELAND, FL 33806-9297 |
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1260185 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BURT, GEORGE R 215 MCDONALD ST. LAKELAND, FL 33806 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000912355 05/07/08-80077-007 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BURT, GEORGE R 215 MCDONALD ST LAKELAND, FL 33806 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD BURT, JEAN O 215 MCDONALD ST LAKELAND, FL 33806 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CONE, BEVERLY 215 MCDONALD STREET LAKELAND, FL 33806 |
| 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: *George R. Burt, Inc.* 4-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GEORGE R. BURT