


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90355 031 ***150.00

DOCUMENT # P01000056307


1. Entity Name
BUY THE BAY INVESTMENTS, INC.



Principal Place of Business Mailing Address
P.O. BOX 145 **P.O. BOX 145**
VALRICO, FL 33595-0145 **VALRICO, FL 33595-0145**

2. Principal Place of Business 3. Mailing Address
P.O. Box 3338 **P.O. Box 3338**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Riverview FL **Riverview FL**
 Zip Zip Country Country
33368 ~~33368~~ **33368**



04252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3728218 Not Applicable

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

6. Name and Address of Current Registered Agent

CREAGER, LYNDON F JR
2208 SPYGLASS HILL CIR.
PO BOX 145
VALRICO, FL 33595-0145

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
11914 Shadow Run Blvd
 City State Zip Code
Riverview FL 33569

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: *Lyndon F. Creager Jr.* **Lyndon F. Creager Jr.** **4-25-05**
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, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CREAGER, LYNDON F JR
STREET ADDRESS	2208 SPYGLASS HILL CIRCLE
CITY-ST-ZIP	VALRICO, FL 33584
TITLE	D <input type="checkbox"/> Delete
NAME	CREAGER, LINDA L
STREET ADDRESS	2208 SPYGLASS HILL CIRCLE
CITY-ST-ZIP	VALRICO, FL 33584
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME
STREET ADDRESS	11914 Shadow Run Blvd
CITY-ST-ZIP	Riverview FL 33569
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME
STREET ADDRESS	11914 Shadow Run Blvd.
CITY-ST-ZIP	Riverview FL 33569.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *Linda L Creager* **Linda L. Creager** **813-684-0014**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lyndon F. Creager Jr. **Lyndon L. Creager.**