

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000056307

1. Entity Name
BUY THE BAY INVESTMENTS, INC.



Principal Place of Business
P.O. BOX 3338
RIVERVIEW, FL 33368

Mailing Address
P.O. BOX 3338
RIVERVIEW, FL 33368



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3728218	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CREAGER, LYNDON F JR
11916 SHADOW RUN BLVD
RIVERVIEW, FL 33569

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CREAGER, LYNDON F JR
STREET ADDRESS	11916 SHADOW RUN BLVD
CITY-ST-ZIP	RIVERVIEW, FL 33569

TITLE	D
NAME	CREAGER, LINDA L
STREET ADDRESS	11916 SHADOW RUN BLVD
CITY-ST-ZIP	RIVERVIEW, FL 33569

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/07-80067-010 150.00

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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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Creager Director

4-20-07