2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 12, 2004 8:00 am DOCUMENT # P02000057119 **Secretary of State** 1. Entity Name 02-12-2004 90002 050 ***150.00 BUY DIRT PLUS, INC. Principal Place of Business Mailing Address 2650 MCCORMICK DR 2650 MCCORMICK DR SUITE 130 SUITE 130 **CLEARWATER FL 33759** CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address 2276 TONIWいる 2276 TONIWOOD LANE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State HANBUR - Fl. City & State PALY HARBUR - FL. Applied For 4. FEI Number 02-0608440 Not Applicable Country 41A \$8.75 Additional 5. Certificate of Status Desired 34685 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEAR, ROBERT L ESQ. 2650 MCCORMICK DR SUITE 130 **CLEARWATER FL 33759** Zip Code 685 HARBOR 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 8. The above named entity submits th the obligations of regi stered agent (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable FILE NOW!!! FEE 18-8150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition BERNITT, WAYNE NAME NAME 2276 TONI WOOD LANE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERNITT, ELISABETH A NAME STREET ADDRESS 2276 TONI WOOD LANE STREET ADDRESS CITY - ST - ZIF PALM HARBOR FL 34685 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addyess, with all other like empowered.

SIGNATURE: