

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-27-2005 90343 025 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000109265

1. Entity Name
CRUISIN'-BUY, INC.



Principal Place of Business Mailing Address
500 W. BAY DRIVE 500 W. BAY DRIVE
LARGO FL 33770 LARGO FL 33770
US US

2. Principal Place of Business 3. Mailing Address
500 West Bay Drive Largo Fl 33770 500 West Bay Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
Small Building (Free-standing) Building
City & State City & State
LARGO, FLORIDA LARGO, FLORIDA
Zip Zip
33770 U.S.A. 33770 U.S.A.

4. FEI Number **20-1400966** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
SALYERS, RODNEY
500 W. BAY DRIVE
LARGO FL 33770

7. Name and Address of New Registered Agent
Name **N/A**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALYERS, RODNEY 1566 PALMETTO STREET CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAVEL, KAREN M 1409 MURRAY AVENUE CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rodney Salyers* - **ROD SALYERS** Date: April 06, 2005 Daytime Phone: 581-3010