
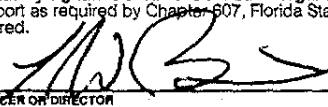


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000029845 1. Entity Name BUIE ENTERPRISES, INC.		
Principal Place of Business 526 15TH STREET NORTH ST PETERSBURG, FL 33705 US	Mailing Address 526 15TH STREET NORTH ST PETERSBURG, FL 33705 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUIE, L W 526 15 STREET NORTH ST PETERSBURG, FL 33705		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUIE, LESLIE W 526 15 ST NORTH SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUIE, KATHARINE S 526 15 ST N ST PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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: <u>Leslie W. Buie, Pres.</u> 		727 742 9707 Apr. 25 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0575017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000334740
04/27/05-80056-007 150.00

**DO NOT WRITE
IN THIS SPACE**