## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 08:00 AM **DOCUMENT # P97000082583 Secretary of State** BUY-WAY HOMES CORP. Principal Place of Business Mailing Address 2140 N.W. 64TH AVE 2140 N.W. 64TH AVE SUNRISE, FL 33313 SUNRISE, FL 33313 CR2E034 (10/03) 04212004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0784186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent **BRIAN, TAYLOR** DO NOT WRITE 2140 N.W. 64TH AVE SUNRISE, FL 33313 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. UIII LILIH WALE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 04/**29/04=8**0089=009~150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000136366 Trust Fund Contribution. Added to Fees <u>04/28/04-80089-009\_150\_00</u> 10. OFFICERS AND DIRECTORS TITLE NAME BRIAN, TAYLOR STREET ADDRESS 2140 N.W. 64TH AVE CITY-ST-ZIP SUNRISE, FL 33313 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE mae NAME STREET ADDRESS CITY-ST-ZIP MARKE

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.

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STREET ADDRESS City-St-Zip

NAME STREET ADDRESS CITY-ST-ZIP

THE AND TYPED ON PRINTED MAKE OF SIGNING OFFICER ON DIRECTOR

4-23-04

954-747-7667

**FILED** 

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Daytime Phone #