


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**


04-28-2004 90250 041 \*\*\*158.75

<b>DOCUMENT # V28483</b>	
1. Entity Name <b>BUY-THE-SQUARE-YARD INC.</b>	

Principal Place of Business <b>1007 NORTH DIXIE HWY. WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>1007 NORTH DIXIE HWY. WEST PALM BEACH, FL 33401 US</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**24058016**



04262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HARPER, JAMES H SR 1007 NORTH DIXIE HWY. WEST PALM BEACH, FL 33401</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

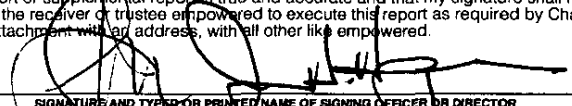
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HARPER, BRADLEY G 17200 S. 8TH AVE. #96 GAINESVILLE, FL 32607</b> <input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HARPER, BRADLEY G. 3650 WHITEHALL DRIVE APT 304 WEST PALM BEACH, FL 33401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HARPER, JAMES H SR. 4 CLOISTER CIR. WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/27/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #