

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66652

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** OWNER BUILDER ASSISTANCE CORP.

**Current Principal Place of Business:**

2357 SW ANTIQUERA ST.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2357 SW ANTIQUERA ST.  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 65-0281359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALONE, DON  
2357 SW ANTIQUERA ST.  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MALONE, DON  
Address: 2357 SW ANTIQUERA ST.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP  
Name: MALONE, CAROL  
Address: 2357 SW ANTIQUERA ST.  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DON MALONE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

01/07/2012

\_\_\_\_\_ Date