## .. 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # S78193** 1. Entity Name HOME BUILDER MARKETING SYSTEMS, INC. Principal Place of Business Mailing Address 708 INDUSTRIAL RD LONGWOOD, FL 32750 711 IRONWOOD CT WINTER SPRINGS, FL 32708

## **FILED** Jan 12, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPA	01082004 No Chg-P CR2E034 (10/03)  4. FEI Number
OSLEGER, KENNETH 711 IRONWOOD COURT WINTER SPRINGS, FL 32708	DO NOT WRITE IN THIS SPACE
the obligations of registered agent.  SIGNATURE	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with accept states of Florida.
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fi Trust Fund Contributi	Financing \$5.00 May Be
TITLE PD OSLEGER, KENNETH W STREET ADDRESS CITY ST ZIP  NAME STREET ADDRESS CITY ST ZIP  OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY ST ZIP	Uncoccossec 
TITLE NAME STREET ADDRESS CITY - ST ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST ZIP  TITLE NAME STREET ADDRESS CITY ST ZIP  12. Liberaby certify that the information supplied with this filting does not quality for the	exemption stated in Section 119 07(3)(i). Fiorida Statutes, I further certify that the information

indicated on this report or supplied with this higher does not quality 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: \_