
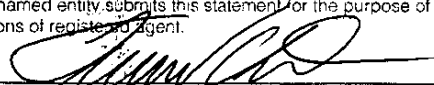
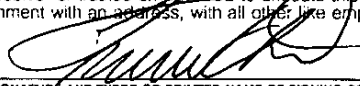


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90010 020 ***150.00

DOCUMENT # 830889			
1. Entity Name HOME BUYING INVESTMENT COMPANY, INCORPORATED			
Principal Place of Business PO BOX 2469 JUPITER FL 33468 US		Mailing Address PO BOX 2469 JUPITER FL 33468 US	
2. Principal Place of Business - No P.O. Box # 126 - Barbados DR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State	
Zip 33458	Country Palm Beach	Zip	Country
6. Name and Address of Current Registered Agent FRANCIS V. CHILDS 126-BARBADOS DRIVE JUPITER FL 33458		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE 2-11-2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHILDS, FRANCIS V 126-BARBADOS DRIVE JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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: 		DATE: 2-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



1st MOORE CR2E034 (10/07)

4. FEI Number **52-0858128** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL

2-11-2008

\$5.00 May Be Added to Fees

501-630-0012