


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H36492</b>	
1. Entity Name <b>THE BUYER'S AGENT OF CENTRAL FLORIDA, INC.</b>	

Principal Place of Business <b>2100 LEE ROAD SUITE B WINTER PARK, FL 32789</b>	Mailing Address <b>2100 LEE ROAD SUITE B WINTER PARK, FL 32789</b>
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**DO NOT WRITE IN THIS SPACE**

01282004 No Chg-P CR2E034 (10/03)

4. FCI Number <b>59-2478669</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SOMMERS, BERNARD D  
235 SOUTH MAITLAND AVENUE  
MAITLAND, FL 32751**

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title of agent (each) (NOTE: Registered Agent signature required when renouncing)

<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>	<b>U000000029439 02/04/04 80055-012 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PV BUSSE, PEGGY L 1611 GROVE ST. MAITLAND, FL 32751</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(c), 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: Peggy L. Busse Peggy L. Busse 1-30-04 407-629-5915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #