


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K68955**

1. Entity Name  
**OWNER BUILDER, INC.**



Principal Place of Business Mailing Address

11107 MONET LN  
 PALM BCH GDNS FL 33410  
 US

12046 PROSPERITY FARMS RD  
 PALM BEACH GARDENS FL 33410  
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **65-0101022** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**PAT, DOSDOURIAN**  
**12046 PROSPERITY FARMS RD.**  
**PALM BCH GDNS FL 33410**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title. If OFF Registered Agent signature required when transferring)

**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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS             | CITY-ST-ZIP                 | <input type="checkbox"/> Delete |
|-------|-----------------|----------------------------|-----------------------------|---------------------------------|
| P     | DOSDOURIAN, SAM | 9227 W. HIGHLAND PINES DR. | PALM BEACH GARDENS FL 33418 | <input type="checkbox"/>        |
| VP    | DOSDOURIAN, PAT | 12046 PROSPERITY FARMS RD. | PALM BEACH GARDENS FL 33410 | <input type="checkbox"/>        |
|       |                 |                            |                             | <input type="checkbox"/>        |
|       |                 |                            |                             | <input type="checkbox"/>        |
|       |                 |                            |                             | <input type="checkbox"/>        |
|       |                 |                            |                             | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
|       |      |                |             | <input type="checkbox"/>  |
|       |      |                |             | <input type="checkbox"/>  |
|       |      |                |             | <input type="checkbox"/>  |
|       |      |                |             | <input type="checkbox"/>  |
|       |      |                |             | <input type="checkbox"/>  |

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 02/01/08-80020-013 150.00

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 *Pat Dordourian V.P.* **1/25/08** **561-626-2761**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date of Filing)