

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90031 019 \*\*\*158.75

**DOCUMENT # K94175**

1. Entity Name  
**BUY OWNER INTERNATIONAL, INC.**



Principal Place of Business

**1192 E. NEWPORT CENTER DR., STE. 200  
DEERFIELD BEACH, FL 33442 US**

Mailing Address

**1192 E. NEWPORT CENTER DR., STE. 200  
DEERFIELD BEACH, FL 33442 US**

**60006200**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FFI Number **65-0129461** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ECKERT, SCOTT A  
1192 E. NEWPORT CENTER DR., STE. 200  
DEERFIELD BEACH, FL 33442**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME ECKERT, SCOTT A.  
STREET ADDRESS 1192 E. NEWPORT CENTER DR., STE. 200  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE DVPS  
NAME ECKERT, CHARLES S.  
STREET ADDRESS 1192 E. NEWPORT CENTER DR., STE. 200  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE DT  
NAME ECKERT, PATRICIA A  
STREET ADDRESS 1192 E. NEWPORT CENTER DR., STE. 200  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE AS  
NAME ECKERT, SIBYL M  
STREET ADDRESS 1192 E. NEWPORT CENTER DR., STE. 200  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Charles S. Eckert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07 954771-7777  
Date Daytime Phone #