

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004283

FILED
Jan 19, 2005
Secretary of State

Entity Name: HOMEBUYER ASSISTANCE NETWORK, INC.

Current Principal Place of Business:

6108 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6108 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 03-0459317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYNES, JOSHUA J
1635 RIVERGATE TRAIL
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANCO, MICHAEL J
Address: 1028 4TH STREET N., UNIT 1
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: WILLIS, STORMI L
Address: 815 SANDLEWOOD LANE
City-St-Zip: ORANGE PARK, FL 32065

Title: ST () Delete
Name: MARKLIN, MANDI L
Address: 1000 3RD STREET, #5B
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HYNES, JAMES R
Address: 11810 INDIAN BLUFF COVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD (X) Change () Addition
Name: FRANCO, MICHAEL J
Address: 1028 4TH STREET N., UNIT 1
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. HYNES

PD

01/19/2005

Electronic Signature of Signing Officer or Director

Date