


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000083721
 1. Entity Name
 BUY OWNER, INC.



Principal Place of Business
 1192 E. NEWPORT CENTER DRIVE, STE. 200
 DEERFIELD BEACH, FL 33442

Mailing Address
 1192 E. NEWPORT CENTER DRIVE, STE. 200
 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-1047153

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ECKERT, CHARLES S
 1192 E. NEWPORT CENTER DRIVE, STE. 200
 DEERFIELD BEACH, FL 33442

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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 applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	DCEO ECKERT, SCOTT A 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECKERT, SCOTT A 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ECKERT, CHARLES S 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ECKERT, PATRICIA A 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ECKERT, SIBYL M 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/07/05-80068-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 Eckert CHARLES S ECKERT 3/29/05 954 771-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #