

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000052482

1. Entity Name
BUY OWNER OF HOUSTON, INC.



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

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



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1107483	Applied For Not Applicable
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY - ST - ZIP	DPT ECKERT, SCOTT A 1192 E. NEWPORT CENTER DR., STE. 200 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS ECKERT, CHARLES S 1192 E. NEWPORT CENTER DR., STE. 200 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ECKERT, SIBYL 1192 E. NEWPORT CENTER DR., STE. 200 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT ECKERT, PATRICIA A 1192 E. NEWPORT CENTER DR., STE. 200 DEERFIELD BEACH, FL 33442
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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 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 807, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9/07 954 771-7777

Date Daytime Phone #