


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90162 046 ***150.00

DOCUMENT # P02000007676	
1. Entity Name UNITED HOMEBUYERS, INC.	

Principal Place of Business 2609-302 MARGARET ST #158 JACKSONVILLE, FL 32204 US	Mailing Address 2609-302 MARGARET ST #158 JACKSONVILLE, FL 32204 US
---	---

14003155



2. Principal Place of Business 1650-302 MARGARET ST. Suite, Apt. #, etc. #158	3. Mailing Address 1650-302 MARGARET ST. Suite, Apt. #, etc. #158
---	---

04252005 Chg-P CR2E034 (10/03)

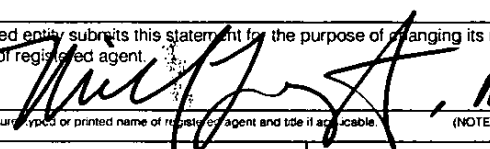
City & State JACKSONVILLE, FLORIDA	City & State JACKSONVILLE, FLORIDA
Zip 32204	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
--	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent WYTIAZ, MICHAEL L 1631 N MARKET STREET JACKSONVILLE, FL 32206	
---	--

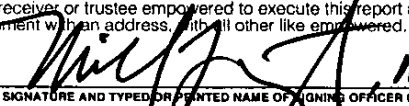
7. Name and Address of New Registered Agent Name MICHAEL L. WYTIAZ Street Address (P.O. Box Number is Not Acceptable) 1614 CHARON ROAD City JACKSONVILLE FL Zip Code 32205	
--	--

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 4/25/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYTIAZ, MICHAEL L 2609-2 POST ST. JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WYTIAZ, MICHAEL L 2609-2 POST ST. JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4/25/05 (904) 551 3204