

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000112454	
1. Entity Name BUY OWNER TITLE, 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
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DO NOT WRITE IN THIS SPACE



03262006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0128695	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**

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKERT, SCOTT A 1192 E NEWPORT CENTER DRIVE #200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ECKERT, CHARLES S 1192 E NEWPORT CENTER DRIVE #200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GATEWOOD-SIEBER, TERI 1192 E NEWPORT CENTER DRIVE #200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ECKERT, SIBYL M 1192 E NEWPORT CENTER DRIVE #200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ECKERT, PATRICIA A 1192 E NEWPORT CENTER DRIVE #200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/06-80018-003 158.2

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: *Scott A. Eckert* **SCOTT A. ECKERT** *Pres* **03/28/06** **954-772-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #