


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000130168</b>	
1. Entity Name WEEKLY HOMEBUYERS LIST, INC.	
	
Principal Place of Business 2827 EXCHANGE COURT A&B WEST PALM BEACH, FL 33409 US	Mailing Address 2827 EXCHANGE COURT A&B WEST PALM BEACH, FL 33409 US



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0445278	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**

JOERGER, MARY  
2827 EXCHANGE COURT  
A&B  
WEST PALM BEACH, FL 33409

**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, 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	P
NAME	JOERGER, MARY
STREET ADDRESS	2827 EXCHANGE CT STE A&B
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	V
NAME	JOERGER, JAY
STREET ADDRESS	2827 EXCHANGE CT STE A&B
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000278758  
02/28/05-80039-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Mary Joerger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05 561 616 9244  
Date Daytime Phone #