

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115756

FILED
Apr 20, 2005
Secretary of State

Entity Name: BUYERS AGENT OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

65 MIDWAY DRIVE
BUNNELL, FL 32110

New Principal Place of Business:

16 TIDEWATER DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

65 MIDWAY DRIVE
BUNNELL, FL 32110

New Mailing Address:

16 TIDEWATER DRIVE
ORMOND BEACH, FL 32174

FEI Number: 22-3850399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITHCELL, JEROME D
400 S. PALMETTO AVE.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFMAN, DOROTHY
Address: 25 COTTONWOOD CT.
City-St-Zip: PALM COAST, FL 32137

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SALLE, KAREN M PRES
Address: 16 TIDEWATER DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Change (X) Addition
Name: HOFFMAN, DOROTHY M VP
Address: 16 TIDEWATER DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T/S () Change (X) Addition
Name: DEMARCO, DAVID T/S
Address: 16 TIDEWATER DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M SALLE

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date