

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000049255

1. Entity Name
WE BUY CITRUS COUNTY HOUSES INC



Principal Place of Business
**6145 CORONADO TERRACE
LECANTO, FL 34461 US**

Mailing Address
**6145 CORONADO TERRACE
LECANTO, FL 34461 US**



07072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2609724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHNSON, CARL R
6145 CORONADO TERRACE
LECANTO, FL 34461**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P, T
NAME	JOHNSON, CARL R
STREET ADDRESS	6145 CORONADO TERRACE
CITY- ST- ZIP	LECANTO, FL 34461

TITLE	VP, S
NAME	CARL, JOHNSON R
STREET ADDRESS	6145 CORONADO TERRACE
CITY- ST- ZIP	LECANTO, FL 34461

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1-7 352-621
3135