


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000006408	
1. Entity Name HOMEBUYER'S CORPORATION	

Principal Place of Business 12534 CORMORANT DR. JACKSONVILLE, FL 32223	Mailing Address 12200-21 SAN JOSE BLVD., STE. 107 JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3304206	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 MCIVER, GEARY M 12534 CORMORANT DR. JACKSONVILLE, FL 32223
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**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 <u>GEARY M. MCIVER, PRESIDENT</u> <small>Signature required if changing registered office or agent and if not applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>April 24, 04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCIVER, LORI C 12534 CORMORANT DRIVE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCIVER, GEARY M. 12534 CORMORANT DRIVE JACKSONVILLE, FL 32223
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04/27/04-80011-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>GEARY M. MCIVER, PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>April 24, 04 (904) 655-1885</u> <small>Date Daytime Phone #</small>