


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000014695
 1. Entity Name
PALM BEACH HOMEBUYERS, INC.



Principal Place of Business Mailing Address
528 N FLORIDA AVE **528 N FLORIDA AVE**
DELAND, FL 32720 **DELAND, FL 32720**

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0740595 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUROZSKI, ROBERT P
528 N. FLORIDA AVE
DELAND, FL 32720

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000108984
 04/12/04-80025-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUROZSKI, ROBERT P 528 N FLORIDA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD OLSON, LINDA 528 N FLORIDA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BUROZSKI, ROBERT P 528 N FLORIDA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Linda K. Olson* **LINDA K. OLSON** *4/7/2004* **386-785-0446**
 _____ Vice Pres, Treas Date Daytime Phone #