


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 528 N FLORIDA AVE DELAND, FL 32720	Mailing Address 528 N FLORIDA AVE DELAND, FL 32720
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0740595	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
**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 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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04/27/05-80104-001 150.00

**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: Linda K. Olson VPTD 4/25/2005 388-785-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #