


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
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
--	--



01082007 No Chg-P CR2E034 (11/05)

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	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
---	---

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

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

DO NOT WRITE
IN THIS SPACE

000000721215
05/01/07-80133-024 150.00

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: Robert P Burozski, President 4/21/2007 386-985-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #