| 2007 FOR PROFI | 2007 FOR PROFIT CORPORATION ANNUAL REPORT | | | FILED Apr 30, 2007 8:00 an Secretary of State | | |
|---|--|--|--|---|---------------------------------------|--|
| DOCUMENT # P99000051999 ^{1. Entity Name} HOME BUYERS OF TAMPA BAY, CORP. | | | 04-30-2007 90846 043 ***150.00 | | | |
| Principal Place of Business Mailing Address 7520 W. WATERS AVE. 3646 STE. 5 MARBURY CT. TAMPA, FL 33615 LAND 0 LAKES, FL 346 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3646 MARBURY CT. Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 40093482 | | | |
| | | | | | | |
| Land O'Lakes FT | | | 4. FEI Number Applied For 59-3580606 Not Applicable | | | |
| Zip Country 34638 USA 6. Name and Address of Current | Zip Registered Agent | Country | 5. Certificate of Status | Desired Soft New Registered Agent | | |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | Name Street Address | | | | |
| | | City | | FL Zip Co | ode | |
| ······································ | DIRECTORS | Itribution. Ad | 6.00 May Be ded to Fees | ES TO OFFICERS AND DIRECTO | | |
| 10. OFFICERS AND ITILE PTD IAME BILGRAY, HARRY M JR. | | 11. TITLE NAME | ADDITIONS/CHANG | | · · · · · · · · · · · · · · · · · · · | |
| STREET ADDRESS 3646 MARBURY CT. STLY-SI-ZIP LAND O' LAKES, FL 34638 | | STREET ADDRESS CITY - ST - ZIP | | | | |
| ITLE VP IAME BILGRAY, PATRICIA ITREET ADDRESS 3646 MARBURY CT. INPY-ST-ZIP LAND O' LAKES, FL 34638 | 📑 Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | | Change | Addition | |
| IILE IAME TREET ADDRESS ITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition | |
| ITLE AME TREET ADDRESS ITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY - S1 - ZIP | | Change | Addition | |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , , , , , , , , , , , , , , , , , | Change | Addition | |
| ITLE IAME IREET ADDRESS ATY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Change | Addition | |
| I hereby certify that the information supplied will indicated on this report or supplemental report of the corporation on the receiver or trustee emp changed, or on an attachment with an address | is true and accurate and that powered to execute this repor | my signature shall have the t as required by Chapter 60 | same legal effect as if m | ade under oath; that I am an offic | er or director | |
| SIGNATURE: | PRINTED NAME OF SIGNING OFFICE | |) Dei- | e Daytime Phone - | | |