


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90184 015 ***150.00

DOCUMENT # S97251		
1. Entity Name THE BUYER'S BROKER OF HERNANDO-CITRUS COUNTY, INC.		

Principal Place of Business 4028 COMMERCIAL WAY SPRING HILL, FL 34606 US	Mailing Address 4028 COMMERCIAL WAY SPRING HILL, FL 34606 US
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40079012

2. Principal Place of Business 4040 COMMERCIAL WAY Suite, Apt. #, etc. WAY	3. Mailing Address 4040 COMMERCIAL WAY Suite, Apt. #, etc.
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01112006 Chg-P CR2E034 (11/05)

City & State SPRING HILL FL	City & State SPRING HILL FL	4. FEI Number 59-3105999	Applied For <input type="checkbox"/> Not Applicable
Zip 34606	Country HERNANDO	Zip 34606	Country HERNANDO

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOURGAIN, JAMES L. 4028 COMMERCIAL WAY SPRING HILL, FL 34606	
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7. Name and Address of New Registered Agent Name JAMES BOURGAIN Street Address (P.O. Box Number is Not Acceptable) 4040 COMMERCIAL WAY City SPRING HILL FL Zip Code 34606	
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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 **JAMES L. BOURGAIN** **JTB** **4/24/06**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOURGAIN, JAMES L. 4028 COMMERCIAL WAY 4040 SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JTB** **4/24/06** **352-595-6409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #