
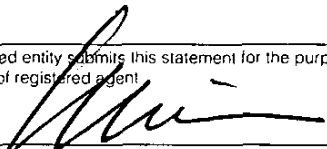
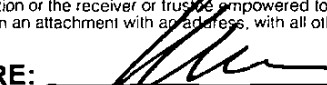


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90151 041 \*\*\*\*61.25

DOCUMENT # N98000005724					
<b>1. Entity Name</b> CENTRAL FLORIDA CHAPTER OF AMERICAN SOCIETY OF HOME INSPECTORS, INC.					
<b>Principal Place of Business</b> 280 DIRKSEN DRIVE DEBARY, FL 32713			<b>Mailing Address</b> 280 DIRKSEN DRIVE DEBARY, FL 32713		
<b>2. Principal Place of Business - No P.O. Box #</b> 124 Ichabod Tr.		<b>3. Mailing Address</b> 124 Ichabod Tr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Longwood FL		<b>City &amp; State</b> Longwood FL		<b>4. FEI Number</b> 59-3536419	
<b>Zip</b> 32750		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> BATTOE, THOMAS R 280 DIRKSEN DRIVE DEBARY, FL 32713			<b>7. Name and Address of New Registered Agent</b> Name: Bill LABITA Street Address (P.O. Box Number is Not Acceptable): 2015 WESTBOURNE DR. City: Oviedo FL Zip Code: 32765		
<b>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.</b> SIGNATURE:  DATE: 4/22/08					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> BATTOE, THOMAS R		<b>TITLE</b> OFFICER / President	<b>NAME</b> Bill LABITA	
<b>STREET ADDRESS</b> 280 DIRKSEN DRIVE	<b>CITY-ST-ZIP</b> DEBARY, FL 32713		<b>STREET ADDRESS</b> 2015 WESTBOURNE DR.	<b>CITY-ST-ZIP</b> Oviedo FL 32765	
<b>TITLE</b> D	<b>NAME</b> MURPHY, JAMES A		<b>TITLE</b> VP/TRES	<b>NAME</b> ALAN TRAUGER	
<b>STREET ADDRESS</b> 280 DIRKSEN DRIVE	<b>CITY-ST-ZIP</b> DEBARY, FL 32713		<b>STREET ADDRESS</b> 124 Ichabod Tr.	<b>CITY-ST-ZIP</b> Longwood FL 32750	
<b>TITLE</b> D	<b>NAME</b> EDER, KELVIN L		[Empty]		
<b>STREET ADDRESS</b> 6679 ALEGRE CIRCLE	<b>CITY-ST-ZIP</b> ORLANDO, FL 32836		[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> 			4/22/08 407-977-9182		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					