2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90071 036 ***150.00

DOCUMENT # P02000041879

1. Entity Name
IMPERIAL HOME INSPECTIONS, INC.

Principal Place of Business	Mailing Address
7515 BIRDWOOD CT NEW PORT RICHEY, FL 34653	7515 BIRDWOOD CT NEW PORT RICHEY, FL 34653

01272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7515 Birdwood ct	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey Fl	City & State
Zip: 34653 Country	Zip Country

4. FEI Number 04-3645723 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EWING, ROBERT 7515 BIRDWOOD CT NEW PORT RICHEY, FL 34653	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EWING, ROBERT D 4619 HEAVENS WAY NEW PORT RICHEY, FL 34652 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ewing, Robert D 7515 Birdwood. Ct. New Port Richey, Fl 34653 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EWING, RHONDA K 4619 HEAVENS WAY NEW PORT RICHEY, FL 34652 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] RobeT D Ewing 3/9/05 727-848-9386 (cell) 727 207 3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #