2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000116754

1. Entity Name
CHAPARRO HOME INSPECTIONS SERVICES INC.

Principal Place of Business	Mailing Address
2503 LOGANDALE DR. ORLANDO, FL 32817	2503 LOGANDALE DR. ORLANDO, FL 32817

DO NOT WRITE IN THIS SPACE

04292004   No Chg-P   CR2E034 (10/03)

4. FEI Number 71-0916487	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPARRO, HECTOR A
2503 LOGANDALE DR.
ORLANDO, FL 32817

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAPARRO, HECTOR A
STREET ADDRESS	2503 LOGANDALE DR.
CITY-ST-ZIP	ORLANDO, FL 32817

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/05/04-80073-003 150.00

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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: _____   4/29/04   407-963-3781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #