

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033101

FILED
Jul 19, 2004
Secretary of State

Entity Name: OKON HOME INSPECTION, INC.

Current Principal Place of Business:

5689 N. W. WESLEY ROAD
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5689 N. W. WESLEY ROAD
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OKON, ROBERT G
Address: 5689 N. W. WESLEY ROAD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: T () Delete
Name: OKON, BARBARA
Address: 5689 N. W. WESLEY ROAD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S () Delete
Name: OKON, BARBARA
Address: 5689 N. W. WESLEY ROAD
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G OKON

P

07/19/2004

Electronic Signature of Signing Officer or Director

Date