

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90017 042 ***150.00

DOCUMENT # P03000143670

1. Entity Name
INSPECTNET SERVICES, INC.



Principal Place of Business
270 MYSTIC AVENUE
MEDFORD, MA 02155

Mailing Address
270 MYSTIC AVENUE
MEDFORD, MA 02155

14000259



02262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1625 NW 136TH AVE
Suite, Apt. #, etc.
200

3. Mailing Address
P.O. BOX 551540
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL
Zip
33323
Country
USA

City & State
Fort Lauderdale, FL
Zip
33355
Country
USA

4. FEI Number
20-0504786
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

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	President	<input type="checkbox"/> Delete
NAME	Kevin D. Buckthorpe	
STREET ADDRESS	1625 NW 136 TH AVE. #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33323	
TITLE	Vice President/Director	<input type="checkbox"/> Delete
NAME	Howard L. Wolk	
STREET ADDRESS	1625 NW 136 TH AVE. #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33323	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Howard G. Brothers	
STREET ADDRESS	1625 NW 136 TH AVE. #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33323	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	James L. Golden, JR.	
STREET ADDRESS	1625 NW 136 TH AVE. #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33323	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Shausta Merrill	
STREET ADDRESS	1625 NW 136 TH AVE. #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33323	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Robert W. Judges	
STREET ADDRESS	1625 NW 136 TH AVE. #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33323	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary/Treasurer 3/4/04