## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOGUMENT # P05000124833**1. Entity Name

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \

1ST RESPONDERS HOME INSPECTION INC.



**FILED** Apr 03, 2008 08:00 Al Secretary of State

Principal Place of Business

1731 SW 43RD TERRACE CAPE CORAL, FL 33914

Mailing Address

1731 SW 43RD TERRACE CAPE CORAL, FL 33914



D	O NOT WRITE II	CE	03212008 4. FEI Numb 20-345	No Chg-P		034 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent	· · · · · ·	<u> </u>	<del></del>		
HERITAGE TAX & CONSULTING SERVICES INC. 11220 METRO PARKWAY SUITE 3 FORT MYERS, FL 33912			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. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWIL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  8. Election Campaign Finar Trust Fund Contribution.			ncing \$5.	.00 May Be		DATE	
10.	OFFICERS AND DIREC						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARSZCZ, TERRY 1731 SW 43RD TERRACE CAPE CORAL, FL 33914			٠	U00000 04/15/08-	187925 180013	4 -005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RIT	E ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACI	<b>E</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

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 stustee 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.