


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90033 010 ***150.00

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1. Entity Name
HOME INSPECTIONS BY PETE, INC



Principal Place of Business Mailing Address
13109 PINYON DRIVE 13109 PINYON DRIVE
CLERMONT FL 34711 CLERMONT FL 34711
US US



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **20-4661791** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HAYRABETOGLU, PETER
13109 PINYON DRIVE
CLERMONT FL 34711

7. Name and Address of New Registered Agent
 Name **Peter Joseph**
 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 *Peter Joseph Hayrabetoglu* **1/28/08**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

FILE-NOW!!!-FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYRABETOGLU, PETER	
STREET ADDRESS	13109 PINYON DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Joseph Hayrabetoglu	
STREET ADDRESS	13109 PINYON DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
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 exemptions contained in Section 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 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 information.
 SIGNATURE: *Peter Joseph Hayrabetoglu* **PETER JOSEPH Hayrabetoglu** **1/28/08** **954-661-9997**
Signature and typed or printed name of signing officer or director Date Daytime Phone #