


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # S63941
 1. Entity Name
 HOME INSPECTIONS OF U.S.A. FLORIDA DIVISION, INC.



Principal Place of Business: C/O BATSEL, MCKINLEY AND ITTERSAGEN P.A. 189 ANNAPOLIS LANE ROTONDA WEST, FL 33947
 Mailing Address: C/O BATSEL, MCKINLEY AND ITTERSAGEN P.A. 189 ANNAPOLIS LANE ROTONDA WEST, FL 33947

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0270122 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GUNDERSON, MIKO P.
 1861 PLACIDA ROAD
 SUITE 104
 ENGLEWOOD, FL 34223

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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: _____ (NOTE: Registered Agent signature required when reconstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELTON, DONALD L. 189 ANNAPOLIS LANE ROTONDA WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELTON, LINDA M. 189 ANNAPOLIS LANE ROTONDA WEST, FL
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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: Linda M Pelton 3/19/05 941-697-3752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 LINDA M PELTON