


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 19, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # 434494</b> 1. Entity Name <b>PROFESSIONAL INSPECTION ENTERPRISES, INC.</b>	
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Principal Place of Business <b>P.O. BOX 274 NICEVILLE, FL 32588</b>	Mailing Address <b>P.O. BOX 274 NICEVILLE, FL 32588</b>
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**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1524352</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCULLEN, BEVERLY A  
1950 WOODCREST RIDGE RD.  
FORT WALTON BEACH, FL 32547**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000117528 04/19/04-80024-001 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCCULLEN, BEVERLY A 1950 WOODCREST RIDGE RD. FT. WALTON BEACH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MCCULLEN, BRUCE R. 3250 DOWNS COVE RD WINDERMERE, FL 34786</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST STONE, KATHI M 1619 18TH STREET NICEVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Kathi M. Stone **4/15/04 850-227-3881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #