

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90198 035 \*\*\*158.75

**DOCUMENT # 434494**

1. Entity Name  
**PROFESSIONAL INSPECTION ENTERPRISES, INC.**



Principal Place of Business  
**1619 18TH STREET  
NICEVILLE, FL 32578**

Mailing Address  
**P.O. BOX 274  
NICEVILLE, FL 32588**

**60001940**

2. Principal Place of Business - No P.O. Box #  
**1950 Woodcrest Ridge**  
Suite, Apt. #, etc.

3. Mailing Address  
**1950 Woodcrest Ridge**  
Suite, Apt. #, etc.

City & State  
**Ft. Walton Beach, FL**

City & State  
**Ft. Walton Beach, FL**

Zip  
**32547**

Country  
**USA**

Zip  
**32547**

Country  
**USA**

01102007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1524352**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **MCCULLEN, BEVERLY A**  
STREET ADDRESS **1950 WOODCREST RIDGE RD.**  
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE **V** ☐ Delete  
NAME **MCCULLEN, BRUCE R.**  
STREET ADDRESS **3250 DOWNS COVE RD**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **ST** ☒ Delete  
NAME **STONE, KATHI M**  
STREET ADDRESS **1619 18TH STREET**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 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: **BEVERLY A. MCCULLEN** *Beverly A. McCullen* 1/10/07 850-585-7434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #