


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002101	
1. Entity Name LONGVIEW INSPECTION, INC.	

Principal Place of Business 101 OLD UNDERWOOD RD., BLDG J LA PORTE, TX 77571	Mailing Address 101 OLD UNDERWOOD RD., BLDG J LA PORTE, TX 77571
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2332601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	03/17/04-80026-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREAT, JAMES 16055 SPACE CENTER BLVD., SUITE 650 HOUSTON, TX 77062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SCANNELL, PETER 43 ARCH STREET GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CREECH, MIKE 16055 SPACE CENTER BLVD., SUITE 650 HOUSTON, TX 77062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS, TOM 16055 SPACE CENTER BLVD., SUITE 650 HOUSTON, TX 77062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FINDLAY, HAL 43 ARCH STREET GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANKIEVECH, KENNETH #6, 1313 - 44TH AVE. N.E. CALGARY, AB, CANADA

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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: Thomas Williams 3/1/04 281-842-3350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #