
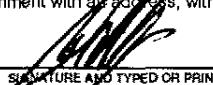


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F53615		
1. Entity Name NATIONAL INSPECTION AND CONSULTANTS, INC.		
Principal Place of Business 3949 EVANS AVENUE SUITE 407 FORT MYERS, FL 33901 US		Mailing Address 3949 EVANS AVENUE SUITE 407 FORT MYERS, FL 33901 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VIGNE, ROBERT A 3949 EVANS AVE #407 FT.MYERS, FL 33901		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VIGNE, ROBERT A 3949 EVANS AVE SUITE 407 FT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHIELDS, JOHN C 3949 EVANS AVE SUITE 407 FT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VIGNE, DAVID J 3949 EVANS AVE SUITE 407 FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VIGNE, RICHARD U 3949 EVANS AVE SUITE 407 FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  Robert A. Vigne 1298 239-939-4313 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2134161

Applied For
Not Applicable

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

000000225785
02/11/05-80054-008 158.75

**DO NOT WRITE
IN THIS SPACE**