

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90012 004 ***150.00

DOCUMENT # F94000002216

1. Entity Name

INDEPENDENT INSPECTIONS, LTD., INC.



Principal Place of Business

W241 S4135 PINE HOLLOW CT
WAUKESHA WI 53189

Mailing Address

W241 S4135 PINE HOLLOW CT
WAUKESHA WI 53189

54018397



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

39-1584023

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELACY, THOMAS E
4600 D ENTERPRISE AVE
NAPLES FL 34304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME DELACY, THOMAS E
STREET ADDRESS W257 S4646 WOODLILLY LANE
CITY-ST-ZIP WAUKESHA WI

TITLE D
NAME FIELD, DEAN A
STREET ADDRESS 101D E. SUTTON PL.
CITY-ST-ZIP WAUKESHA WI

TITLE SD
NAME DELACY, SANDRA K
STREET ADDRESS W257 S4646 WOODLILLY LANE
CITY-ST-ZIP WAUKESHA WI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD
NAME
STREET ADDRESS 222 Joellen Drive
CITY-ST-ZIP Waukesha, WI 53188

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME Connie L. Watt
STREET ADDRESS W225 N2863 Foxwood Lane
CITY-ST-ZIP Pewaukee, WI 53072

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04 (262) 544-8280

Date

Daytime Phone #