

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002216

FILED
Apr 29, 2009
Secretary of State

Entity Name: INDEPENDENT INSPECTIONS, LTD., INC.

Current Principal Place of Business:

W241 S4135 PINE HOLLOW CT
WAUKESHA, WI 53189

New Principal Place of Business:

Current Mailing Address:

W241 S4135 PINE HOLLOW CT
WAUKESHA, WI 53189

New Mailing Address:

FEI Number: 39-1584023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELACY, THOMAS E
454 TREEMONTE DRIVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

DELACY, THOMAS E
2578 ENTERPRISE ROAD
#131
ORANGE CITY, FL 32763 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: DELACY, THOMAS E
Address: S60 W24320 RED WING DRIVE
City-St-Zip: WAUKESHA, WI 53189

Title: VPD () Delete
Name: WATT, CONNIE L
Address: W263 N2807 COACHMAN DRIVE
City-St-Zip: PEWAUKEE, WI 53072

Title: VP () Delete
Name: BLANKE, WILLIAM J
Address: 3363 N 16840 E ROAD
City-St-Zip: MOMENCE, IL 60954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. DELACY

PTSD

04/29/2009

Electronic Signature of Signing Officer or Director

Date