

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # J32132 1. Entity Name HOME & CONDO BUYERS INSPECTION SERVICES, INC.		
Principal Place of Business 1333 SW CENTURY AVE. PORT ST LUCIE, FL 34953 US		Mailing Address 1333 SW CENTURY AVENUE PORT ST LUCIE, FL 34957 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COKER, WILLIAM F. 1333 SW CENTURY AVE PORT ST LUCIE, FL 34953		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 <u>William F. Coker</u> PRESIDENT <u>1-18-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COKER, WILLIAM F. 1333 SW CENTURY AVE PORT ST LUCIE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, JUDITH A. 1333 SW CENTURY AVE PORT ST LUCIE, FL	
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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)(f), 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: <u>William F. Coker</u> William F. Coker <u>1-18-05</u> <u>772-334-4507</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
31-8405892

Applied For
Not Applicable

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

1100000186722
01/21/05-80071-001 150.00

**DO NOT WRITE
IN THIS SPACE**