

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 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



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
31-8405892

Applied For
Not Applicable

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

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 William F Coker

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

(NOTE: Registered Agent signature required when renewing)

2/6/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COKER, WILLIAM F.
STREET ADDRESS 1333 SW CENTURY AVE
CITY-ST-ZIP PORT ST LUCIE, FL

TITLE D
NAME COKER, JUDITH A.
STREET ADDRESS 1333 SW CNENTURY AVE
CITY-ST-ZIP PORT ST LUCIE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000823794
02/20/08-80053-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William F Coker **WILLIAM F. COKER** 2/6/08 772/334/4507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #