## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 11, 2005 08:00 AM Secretary of State

ANNUAL REPURI						
DOCUMENT # J7 1. Entity Name CERTIFIED INSPECTIO		E, INC.				
Principal Place of Business 20020 VETERANS BLVD. SUITE #11 PORT CHARLOTTE, FL 33954	US	Mailing Address 20020 VETERANS BLVD. SUITE #11 PORT CHARLOTTE, FL 33954	US			

20020 VETE SUITE #11	ce of Business ERANS BLVD. LOTTE, FL 33954 US	Mailing Address 20020 VETERANS BLVD. SUITE #11 PORT CHARLOTTE, FL 33954	US	T ARBINAR MAN IRRUM ARUM BRIPH ANN ABURK BURK BURK BURK BURK BURK BURK BURK	
	OO NOT WRITE  6. Name and Address of Current Ro		CE	04082005 No Chg-P CR2E034 (10/03)  4. FEI Number	
FEHR, JERRY W. 20020 VETERANS BLVD. SUITE #11 PORT CHARLOTTE, FL 33954		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  Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when registered when registered agent and title if applicable (NOTE. Registered Agent signature required when registered when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Registered Agent signature required when registered agent and title if applicable (NOTE. Regis					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		.00 May Be ed to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D FEHR, JERRY W. 20020 VETERANS BLVD SUITE PORT CHARLOTTE, FL 33954			04/11/05-80087-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMARRELLI, LINDA A 32510 WASHINGTON LOOP ROAL PUNTA GORDA, FL 33982	)	***	· ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ALCOHOLD A	
12. I hereby o	sertify that the information supplied with thi	s filing does not qualify for the exen	option stated in Se	ction 119.07(3)(i), Florida Statutes, I further certify that the information	

rhereby certify that the information supplied with this listing does not quality for the exemption stated in Section 119.07(3)[t], 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:

JW. THE