

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90009 011 ***150.00

DOCUMENT # J79014

1. Entity Name
CERTIFIED INSPECTION SERVICE, 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**



2. Principal Place of Business
**24610 SANDHILL BLVD
SUITE # 202
PUNTA GORDA, FL
33951 USA**

3. Mailing Address
**24610 SANDHILL BLVD
SUITE # 202
PUNTA GORDA, FL
33951 USA**

03262006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2845626

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**FEHR, JERRY W.
20020 VETERANS BLVD.
SUITE #11
PORT CHARLOTTE, FL 33954**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**24610 SANDHILL BLVD #202
PUNTA GORDA FL 33951**

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

(NOTE: Registered Agent signature required when reinstating)

4/3/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**D
FEHR, JERRY W.
20020 VETERANS BLVD. - SUITE #11
PORT CHARLOTTE, FL 33954**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMARRELLI, LINDA A
32510 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Change
32510 WASHINGTON LOOP Rd.
PUNTA GORDA, FL 33982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.A. Smarrelli 3/28/06 941-625-8984
Date Daytime Phone #