


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90465 039 ***158.75

| | |
|--|---|
| DOCUMENT # K59301 1. Entity Name ASSOCIATED HOME INSPECTORS INCORPORATED |  |
|--|---|

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|--|--|
| Principal Place of Business 151 SHORE DRIVE SUGARLOAF KEY, FL 33042 US | Mailing Address 151 SHORE DRIVE SUGARLOAF KEY, FL 33042 US |
|--|--|

24074062



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0096880 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|---|

6. Name and Address of Current Registered Agent

**GEGOREK, RICHARD A.
151 SHORE DRIVE
S
SUGARLOAF KEY, FL 33042**

**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 except the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | PDVD GEGOREK, RICHARD A. 151 SHORE DRIVE SUGARLOAF KEY, FL 33042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GEGOREK, CHERYL K. 151 SHORE DRIVE SUGARLOAF KEY, FL 33042 |
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

305-745-3411

Daytime Phone #