


FILED
Mar 31, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # K69893
 1. Entity Name
SAFEGUARD HOME INSPECTION, INC.



Principal Place of Business 1936 GRACE AVENUE FT. MYERS, FL 33901	Mailing Address 1936 GRACE AVENUE FT. MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0108090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BARBEE, JOSEPH E
 1936 GRACE AVE
 FT MEYERS, FL 33901**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	PSTD BARBEE, JOSEPH E. 1936 GRACE AVENUE FT. MYERS, FL
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U00000292008
 03/31/05-80025-018 150.00

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: *Joseph E. Barbee* 3-29-2005 (239) 936-3478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSEPH E. BARBEE