


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 09, 2005 8:00 am
Secretary of State

05-02-2005 90090 030 ****50.00

DOCUMENT # L04000082499
 1. Entity Name
JOHN C FINCH HOME INSPECTION LLC



Principal Place of Business Mailing Address
 8144 BUD DOUGLAS CT 165 ROYAL PALM ST
 UNINC-FRP DISTR 3 FL SEABASTIAN FL 32952
 MICCO FL 32976



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E083 (10/04)
 4. FEI Number Applied For
 57-12209158 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FINCH, JOHN C
165 ROYAL PALM STREET
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINCH, JOHN C 8144 BUD DOUGLAS CT MICCO FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X John C. Finch 4-18-05 772 589 8455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Debiture Phone #