


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90396 022 \*\*\*150.00

**DOCUMENT # M79241**

1. Entity Name  
**CERTIFIED HOME INSPECTORS OF WEST FLORIDA, INC.**



Principal Place of Business      Mailing Address  
 5211 LADY ROSE ST      5211 LADY ROSE ST  
 LUTZ, FL 33549      LUTZ, FL 33549

**50007855**

2. Principal Place of Business      3. Mailing Address  
*7832 BLUE SPRING DR.*      *7832 BLUE SPRING DR.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02212006    Chg-P    CR2E034 (11/05)

City & State      City & State  
*LAND O' LAKES FL*      *LAND O' LAKES FL*  
 Zip      Country      Zip      Country  
*34637*      *FL*      *34637*      *FL*

4. FEI Number      Applied For  
**59-2928110**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCDONNELL, THOMAS F**  
**5211 LADY ROSE CT**  
**LUTZ, FL 33549**

7. Name and Address of New Registered Agent  
 Name *MCDONNELL THOMAS F*  
 Street Address (P.O. Box Number is Not Acceptable) *7832 BLUE SPRING DR.*  
 City *LAND O' LAKES FL*      FL      Zip Code *34637*

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 reinstating)      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	D <input type="checkbox"/> Delete
NAME	MCDONNELL, THOMAS F
STREET ADDRESS	5211 LADY ROSE CT
CITY - ST - ZIP	LUTZ, FL 33549
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MCDONNELL, THOMAS F</i>
STREET ADDRESS	<i>7832 BLUE SPRING DR.</i>
CITY - ST - ZIP	<i>LAND O' LAKES, FL 34637</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:** *T. F. M.*      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #