

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M79241

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

16330 SWAN VIEW CIR.  
ODESSA, FL 33556

**New Principal Place of Business:**

7445 TROVITA RD.  
LAND O LAKES, FL 34637

**Current Mailing Address:**

16330 SWAN VIEW CIR.  
ODESSA, FL 33556

**New Mailing Address:**

7445 TROVITA RD  
LANDO LAKES, FL 34637

FEI Number: 59-2928110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONNELL, THOMAS F  
16330 SWAN VIEW CIR.  
ODESSA, FL, FL 33556 US

**Name and Address of New Registered Agent:**

MCDONNELL, THOMAS F SR.  
7445 TROVITA RD.  
LAND O LAKES, FL 34637 US

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.

SIGNATURE: THOMAS F MCDONNELL SR

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MCDONNELL, THOMAS F SR.  
Address: 7445 TROVITA RD  
City-St-Zip: LAND O LAKES, FL 34637

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS F MCDONNELL SR.

D

04/12/2012

Electronic Signature of Signing Officer or Director

Date