2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL NEPUNI (AN)									$\mathbf{F}_{\mathbf{c}}$	h 23	20	04	በየተ	00°	\mathbf{M}^{-1}
DOCUMENT # P00000033178 1. Entity Name									T C	b 23, Secu	eta	ry o	f St	ate	X1VI
TEC'S HOME INSPECTION & REPAIR, INC.															
Principal Place	e of Busines	5	Mailin	ig Address											
621 MARAMORA AVE				621 MARAMORA AVE											
TAMPA FL 3		•		PA FL 33606			j		r I NN (I NN T tr	† 63 111 98 111 8	Bill barri Bl	1777 Warre (115			INNI II IRRI
2. Principal Place of Business			3. Mai	3. Mailing Address											
Suite, Apt. #, etc.				Suite. Apt. #. etc.					MC	OORE	C	R2E03	4 (11/0)3)	·
City & State				City & State			4. FEI Number			59-364	4881			No	plied For Applicable
Zip Country 6. Name and Address of Current I			Zip		Coun	ntry				tatus Des			\$8.75 Fee Re		
	b. Name	and Address of Cui	rent Hegistere	ed Agent		Name		7. Name	and Adi	dress of I	AGM HE	gistered	Agent	<u> </u>	
		HOMAS E					Idroce (F	P.O. Box N	umbar ie	Not Acce	ntable)			<u></u> ,	•
621 MARAMORA AVE TAMPA FL 33606											==	-		·	-
				in the second		City					_e	FI	Zir	Code	<u></u>
8. The above the obligation	named entit ons of regist	y submits this statemi tered agent.	ent for the purp	ose of changing its	registere	ed office or r	registere	ed agent, d	or both, in	the State	of Flori	da. I am	ı familiar	with,	and accept
SIGNATURE _	Signature typed	or printed name of registered	agent and title it app	olicable (NOT)	E Registere	d Agent signature	e redinited	when ro-nstatin	g)		<u></u> 	DATE		<u></u> -	<u> </u>
		!! FEE IS \$150.00 04 Fee will be \$550						9		n Campai und Conti		~			May Be
Make Check	Payable to	Florida Departme	nt of State	-					Hustr	ond Cond	iougori.		<i>,</i>	Acqeq	io rees
10.		OFFICERS.	AND DIRECTO	RS	11.			ADDITIO	NS/CH/	NGES TO	OFFIC	ERS AN	D DIREC	TORS	IN 11
TILE	P			☐ Delete	TITLE	Ε							☐ Ch	ange	☐ Addition
;	CHARNAS, THOMAS E.					E į						3964			
	621 MARM TAMPA FL	ORA AVENUE . 33606		STRE					UZ	2/23/C	14-80	183-1	JU7 1 	5U.	JU
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	April 1 should be	information - : - : - : - :	Ludh Hai- Elle -	deep pot surfic (-ST-ZIP	al in C	- Kan - 440 01	2/05/3 =:						
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 of 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.													ormation or director Block 11 if		
SIGNATURE: THOMAS E CHARNAS JE Q-19-04 (813) 758 -5445 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR Date Dayling Phone #												5445			

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