

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90030 005 \*\*\*150.00



**DOCUMENT # P00000037808**

1. Entity Name

**ALL PHASE INSPECTION SERVICES, INC.**

Principal Place of Business

~~2890 BRANTLEY HILLS CT~~  
~~LONGWOOD FL 32779~~

Mailing Address

~~2890 BRANTLEY HILLS CT~~  
~~LONGWOOD FL 32779~~

2. Principal Place of Business

Suite, Apt. #, etc.

9247 Longfellow Pl

3. Mailing Address

Suite, Apt. #, etc.

9247 Longfellow Pl



1st MOORE

CR2E034 (10/04)

City & State

Apopka FL  
 Zip FL 32703 Country USA

City & State

Apopka FL  
 Zip 32703 Country USA

4. FEI Number

52-2235469

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COMEY, RAYMOND J  
 2890 BRANTLEY HILLS CT  
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name: 9247 Longfellow Pl  
 Street Address (P.O. Box Number is(No) Acceptable)  
 Apopka, FL  
 City FL Zip Code 32703

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
PSTD	COMEY, RAYMOND J	2890 BRANTLEY HILLS CT	LONGWOOD FL 32779	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Raymond J. Comey* 3/17/05 407-832-8616  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #