2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2004 8:00 am Secretary of State

DOCUMENT # P0000059004 1. Entity Name INSPECTION SERVICES ASSOCIATES, INC.					03-30-2004 90006 026 ***150.00				
Principal Place of Business Mailing Address				-		A #1	0225 2	ς	
1601 N. PALM AVENUE 10211 PINES BLVD., PMB SUIT PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33026					: I n 11166]	_			(88) II INNI
2 Principal P	lace of Business	3. Mailing Address_							
10211 Pines Bluz 10211 Pines 1			Bluz		16111101 11				1001 1611
Suite Apt.	e 301	Suite, Apt. #, etc. Suite 30	<u> </u>		03222004	Chg-P	CR2E	E034 (10/03)	!
Pemb	roke Piner, FC	Pembroke P	lnes.	FL	4. FEI Numbe 65-036				plied For t Applicable
Zip	7 6 Country	Zip / C	SA.		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add	
3 20	6. Name and Address of Current R		7 2 /4-		7. Name and	Address of Ne	w Registere		-
Name 14 Pook									
PECK, JEF	RRY W LM AVENUE	Street Ac	dress (O. Box Number	er is Not Accept	able)			
SUITE 304E				711	Pines	BINS			
PEMBROKE PINES, FL 33026				Suite 301					
cityPemb						ines	F		026
 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. 									
0 1 20 / Tour Peck 3-22-2004									
SIGNATURE_	Signature, typed or prysted name of registered agent as	stered Agent signati.	re required	when reinstating)		DATE		<u>. </u>	
	~	6 Flories @			00				
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	S. Election Campaign F Trust Fund Contribut		۵5. Add	.00 May Be ed to Fees	l			1
10.	OFFICERS AND D	DIRECTORS	11,		ADDITIONS	CHANGES TO	OFFICERS AT	ND DIRECTORS	S IN 11
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NAME .	PECK, JERRY W		NAME	JEN	rry W	Peck	- 1-	701	
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR