## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000075752**

1. Entity Nam

NATIONAL PROPERTY INSPECTIONS OF THE EMERALD COAST, INC.



FILED Feb 09, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6957 BRIGHTON OAKS BLVD. NAVARRE, FL 32566 POST OFFICE BOX 247 MARY ESTHER, FL 32569



DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3664679

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ORODENKER, CHARLES E 6957 BRIGHTON OAKS BLVD. NAVARRE, FL 32566

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and a	accept
SIGNATURE Squeture, typed or printed name of registered agent and title if applicable. (NOTE, Registered				required when refreshing)	DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				\$5.00 May Be Added to Fees	000000426803 02/20/06-80054-025 150.	00
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORODENKER, CHARLES E 6957 BRIGHTON OAKS BLVD NAVARRE, FL 32566					:
name Street address City-St-Zip				<del></del> :		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
THRE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						<del></del>

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WHO CHAPLES E, ORD DEWKER CHAPLES E, ORD DEWKER

2/8/06

800 515 0440

Daytime Phone #