

FILED
Apr 16, 2008 08:00 AM
Secretary of State

1. Entity Name
RESIDENTIAL BUILDING INSPECTORS, INC.



2780 EAST FOWLER AVE
SUITE 221
TAMPA, FL 33612

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SUITE 221
TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

59-3707772

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALVIN, WILLIAM E
2780 EAST FOWLER AVE
SUITE 221
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
or May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

04/28/08-80035-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	MR
NAME	CALVIN, WILLIAM
STREET ADDRESS	2780 EAST FOWLER AVE SUITE 221
CITY - ST - ZIP	TAMPA, FL 33612

TITLE	MR
NAME	CALVIN, MATTHEW
STREET ADDRESS	2780 EAST FOWLER AVE SUITE 221
CITY - ST - ZIP	TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Calvin

Date _____

Daytime Phone:

4/20/08 813 9745307