


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000018952 1. Entity Name DETECTION INSPECTION, INC.	
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Principal Place of Business 3735 TRANQUILITY DRIVE MELBOURNE, FL 32934	Mailing Address 3735 TRANQUILITY DRIVE MELBOURNE, FL 32934
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DO NOT WRITE IN THIS SPACE



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3704480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BACHMAN, SCOTT
3735 TRANQUILITY DRIVE
MELBOURNE, FL 32934

**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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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	D BACHMAN, SCOTT 3735 TRANQUILITY DRIVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACHMAN, CLAUDINE 3735 TRANQUILITY DRIVE MELBOURNE, FL 32934
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03/17/05-80052-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *X Scott Bachman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05 321 253-2120
Date Daytime Phone #