

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000029226

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** INSPECT-A-PROPERTY, INC.

**Current Principal Place of Business:**

1012 SW IDOL AVE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

3844 SW DAISY STREET  
-  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

1012 SW IDOL AVE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

3844 SW DAISY STREET  
-  
PORT SAINT LUCIE, FL 34953

**FEI Number:** 65-1088046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEON, FRANK  
1012 SW IDOL AVE  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

LEON, FRANK  
3844 SW DAISY STREET  
PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/31/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: LEON, FRANK  
Address: 3844 SW DAISY STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK LEON

PSTD

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date