

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90045 025 \*\*\*150.00

**DOCUMENT # P01000040952**



1. Entity Name  
**JIM HENDERSON HOME INSPECTIONS, INC**

Principal Place of Business

**5504 PEACH AVE  
SEFFNER FL 33584**

Mailing Address

**5504 PEACH AVE  
SEFFNER FL 33584**

**50018776**

2. Principal Place of Business

**1101 SABLE COVE**

3. Mailing Address

**1101 SABLE COVE**



Suite, Apt. #, etc.

**RUSKIN**

Suite, Apt. #, etc.

**RUSKIN**

02212005

Chg-P

CR2E034 (10/03)

City & State

**RUSKIN FL**

City & State

**RUSKIN FL**

4. FEI Number

**59-3747981**

Applied For

Not Applicable

Zip

**33570**

Country

**Hillsborough**

Zip

**33570**

Country

**Hillsborough**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, JIM  
5504 PEACH AVE  
SEFFNER, FL 33584**

7. Name and Address of New Registered Agent

Name

**JIM HENDERSON**

Street Address (P.O. Box Number is Not Acceptable)

**1101 SABLE COVE**

City

**RUSKIN**

FL

Zip Code

**33570**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-21-05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete  
NAME **HENDERSON, JIM**  
STREET ADDRESS **5504 PEACH AVE**  
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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