

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90064 014 ***150.00

DOCUMENT # P01000049620

1. Entity Name

BEST CHOICE HOME INSPECTION, INC.



Principal Place of Business

Mailing Address

~~39 ACAGIA ST~~
CLEARWATER FL 33767

~~39 ACAGIA ST~~
CLEARWATER FL 33767

2. Principal Place of Business

69 SCHOONER DR.

Suite, Apt. #, etc.

3. Mailing Address

69 SCHOONER DRIVE

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State
PALM HARBOR,

City & State
PALM HARBOR

4. FEI Number

59-3719298

Applied For

Not Applicable

Zip
34683

Country
Pinellas

Zip
34683

Country
Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MELINDA P. TINDELL P.A.

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

1964 Bay Shore Blvd.

DUNEDIN

FL

Zip Code

34698

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

Melinda P. Tindell

Attorney at Law

2/10/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
DPST
CRONIN, LEO J
39 ACAGIA ST
CLEARWATER FL 33767 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CRONIN, LEO J
69 SCHOONER DR
PALM HARBOR, FL 34683 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Leo J. Cronin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-'06

Date

727-455-2545

Daytime Phone #