

ANNUAL REPORT

DOCUMENT # P01000064770

1. Entity Name
A-1 INSPECTION SERVICE OF NORTH FLORIDA, INC.



FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90087 027 ***150.00

Principal Place of Business
RT.9, BOX 2281-1
LAKE CITY, FL 32024

Mailing Address
RT.9, BOX 2281-1
LAKE CITY, FL 32024

2. Principal Place of Business
331 SW Oakwood Ct.
Suite, Apt. #, etc.

3. Mailing Address
331 SW Oakwood Ct.
Suite, Apt. #, etc.



04202004 Chg-P CR2E034 (10/03)

City & State
Lake City FL
Zip
32024 Country
Columbia

City & State
Lake City, FL
Zip
32024 Country
Columbia

4. FEI Number
59-3756017
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLE, RODNEY
RT.9, BOX 2281-1
LAKE CITY, FL 32024

7. Name and Address of New Registered Agent
Name
Cole Rodney
Street Address (P.O. Box Number is Not Acceptable)
331 SW Oakwood Ct.
City
Lake City FL Zip Code
32024

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 *Rodney Cole* (President)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4-20-2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD COLE, RODNEY RT.9, BOX 2281-1 LAKE CITY, FL 32024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WADDINGTON, J. MICHAEL 12401 HATTON CHASE LANE EAST JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Rodney Cole*
Signature and typed or printed name of chairman, receiver or trustee

DATE
4-20-2004

Telephone Phone #
(904) 813-8910