

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90029 015 ***150.00

DOCUMENT # P01000114853

1. Entity Name

MID-FLORIDA HOME INSPECTORS, INC.



Principal Place of Business

820 N ATLANTIC AVE #A403
COCOA BCH FL 32931

Mailing Address

820 N ATLANTIC AVE #A403
COCOA BCH FL 32931

2. Principal Place of Business

755 Wintergreen Ln.

3. Mailing Address

755 Wintergreen Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

Country

Zip

Country

32780

US

32780

US

4. FEI Number

30-0024647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, CHARLES A
820 N ATLANTIC AVE #A403
COCOA BCH FL 32931

7. Name and Address of New Registered Agent

Name Charles A. Roth

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

755 Wintergreen Ln.

Titusville

City

FL

Zip Code

32780

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 D ☐ Delete
NAME ROTH, CHARLES A
STREET ADDRESS 820 N ATLANTIC AVE #A403
CITY-ST-ZIP COCOA BCH FL 32931

TITLE D ☐ Delete
NAME ROTH, KARI A
STREET ADDRESS 820 N ATLANTIC AVE #A403
CITY-ST-ZIP COCOA BCH FL 32931

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 C. A. Roth
STREET ADDRESS 755 Wintergreen Ln.
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ Change ☐ Addition
NAME Kari A. Roth
STREET ADDRESS 755 Wintergreen Ln.
CITY-ST-ZIP Titusville, FL 32780

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #