

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014868

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: REALTORS CHOICE HOME INSPECTORS INC.

## Current Principal Place of Business:

4605 NW 113 AVE  
SUNRISE, FL 33323

## New Principal Place of Business:

12870 VISTA ISLES DRIVE  
#523  
PLANTATION, FL 33325

## Current Mailing Address:

4605 NW 113 AVE  
SUNRISE, FL 33323

## New Mailing Address:

12870 VISTA ISLES DRIVE  
#523  
PLANTATION, FL 33325

FEI Number: 03-0373531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLOVER, NAT III  
4605 NW 113 AVE  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

PARKINSON, MICHAEL T MR.  
12870 VISTA ISLES DRIVE  
#523  
PLANTATION, FL 33325 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: MICHAEL PARKINSON

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARKINSON, MIKE  
Address: 12870 VISTA ISLAND DR. APT. 523  
City-St-Zip: PLANTATION, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: PARKINSON, MICHAEL  
Address: 12870 VISTA ISLES DR. APT. 523  
City-St-Zip: PLANTATION, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL PARKINSON

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date