

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022505

FILED
Mar 04, 2004
Secretary of State

Entity Name: BLUE RIBBON HOME INSPECTIONS, INC.

Current Principal Place of Business:

1523 N LAURA STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

P.O. BOX 13206
JACKSONVILLE, FL 32206

Current Mailing Address:

1523 N LAURA STREET
JACKSONVILLE, FL 32206

New Mailing Address:

P.O. BOX 13206
JACKSONVILLE, FL 32206

FEI Number: 30-0044335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERDES, NICOLE
1523 N LAURA STREET
JACKSONVILLE, FL 32206

Name and Address of New Registered Agent:

HARTSFIELD, NICOLE
1523 N LAURA STREET
JACKSONVILLE, FL 32206

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: NICOLE HARTSFIELD

03/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GERDES, NICOLE
Address: 1523 N LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARTSFIELD, NICOLE
Address: P.O. BOX 13206
City-St-Zip: JACKSONVILLE, FL 32206

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: NICOLE HARTSFIELD

D

03/04/2004

Electronic Signature of Signing Officer or Director

Date