


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90046 017 \*\*\*158.75

<b>DOCUMENT # P02000022715</b>	
1. Entity Name <b>SOUTHWEST FLORIDA HOME INSPECTORS, INC</b>	

Principal Place of Business <b>4981 REAGEN WAY SARASOTA, FL 34232</b>	Mailing Address <b>4981 REAGEN WAY SARASOTA, FL 34232</b>
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**40007434**



2. Principal Place of Business <b>5125 McCullum Terr</b>	3. Mailing Address <b>5125 McCullum Terrace</b>
Suite, Apt. #, etc. <b>5</b>	Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34231</b>	Zip <b>34231</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>04-3614029</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DIROCCO, JOSEPH 4981 REAGEN WAY SARASOTA, FL 34232</b>	
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7. Name and Address of New Registered Agent Name <b>JAMES DIROCCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5125 MCCULLUM TERRACE</b> City <b>SARASOTA</b> FL Zip Code <b>34231</b>	
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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 <b>James DiRocco</b>	DATE <b>1-18-05</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIROCCO, JOSEPH 4981 REAGEN WAY SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIROCCO, JAMES 5125 MCCULLUM SARASOTA SARASOTA, FL 34231 <input checked="" 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	JAMES DIROCCO DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5125 MCCULLUM TERRACE SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH DIROCCO DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5125 MCCULLUM TERRACE SARASOTA FL 34231
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
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: <b>James DiRocco</b>	Date <b>1-18-05</b>	Daytime Phone #
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