

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000036116

1. Entity Name
FEDERAL HOME INSPECTIONS INC



Principal Place of Business

8466 BLUE CYPRESS DR
LAKE WORTH, FL 33467

Mailing Address

8466 BLUE CYPRESS DR
LAKE WORTH, FL 33467



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0653282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, SILVIA
8466 BLUE CYPRESS DR.
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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

Silvia Goodman

4/21/05

Signature of the person authorized to change the registered office or registered agent.

Signature of the Registered Agent or person authorized to change the registered office or registered agent.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	GOODMAN, DAVID
STREET ADDRESS	8466 BLUE CYPRESS DRIVE
CITY ST ZIP	LAKE WORTH, FL 33467

TITLE	OM
NAME	GOODMAN, SILVIA
STREET ADDRESS	8466 BLUE CYPRESS DR.
CITY ST ZIP	LAKE WORTH, FL 33467

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/27/05-80080-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 life empowered.

SIGNATURE:

Silvia Goodman

4/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name of Officer or Director