## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P02000055119**

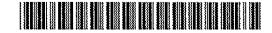
1. Entity Name

SOUTHERN STATES HOME INSPECTION SERVICES, INC.



FILED Mar 16, 2004 08:00 AM Secretary of State

Principal Place of Business PO BOX 830208 OCALA, FL 34483-0208 Mailing Address PO BOX 830208 OCALA, FL 34483-0208



02172004

No Chg-P

CR2E034 (10/03)

4. FEI Number 45-0477060 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAIME, DANIEL L 3603 SE 56TH ST OCALA, FL 34480

SIGNATURE: \_

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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					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			U00000089853 03/16/04-80005-019 150.00
10. OFFICERS AND DIRECTORS					,
THTLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAIME, DANIEL L 3603 SE 56TH ST OCALA, FL 34480				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAIME, LINDA 3603 SE 56TH ST OCALA, FL 34480				
RILE HAAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 receives of nustee 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.					

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR