

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90030 046 ***150.00

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| DOCUMENT # P02000066005 1. Entity Name PRO VIEW HOME INSPECTION, INC. | | | | | |
| Principal Place of Business 2338 IMMOKALEE ROAD UNIT 321 NAPLES, FL 34110-1445 | | | Mailing Address 2338 IMMOKALEE ROAD UNIT 321 NAPLES, FL 34110-1445 | | |
| 2. Principal Place of Business 15275 COLLIER BLVD. | | 3. Mailing Address 15275 COLLIER BLVD | | 03272006 Chg-P CR2E034 (11/05) | |
| Suite, Apt. #, etc. SUITE # 201-321 | | Suite, Apt. #, etc. SUITE # 201-321 | | | |
| City & State NAPLES, FL | | City & State NAPLES, FL | | | |
| Zip Country 34119 COLLIER | | Zip Country 34119 COLLIER | | | |
| 4. FEI Number 04-3658322 | | | | 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 ROY & SPAMER, PA 2631 EAST OAKLAND PARK BLVD STE 109 FORT LAUDERDALE, FL 33306 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD BIRON, RAYMOND 2338 IMMOKALEE ROAD UNIT 321 NAPLES, FL 341101445 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15275 COLLIER BLVD # 201-321 NAPLES, FL 34119 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD BIRON, CAROL L 2338 IMMOKALEE ROAD UNIT 321 NAPLES, FL 341101445 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15275 COLLIER BLVD # 201-321 NAPLES, FL 34119 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: PRESIDENT | | | 3/28/06 239-304-2828 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |