

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000003090

1. Entity Name
RICHARD CORNELL'S INSPECTION SERVICE, INC.



Principal Place of Business

**153 PALM CIRCLE
ATLANTIS, FL 33462**

Mailing Address

**PO BOX 6235
LAKE WORTH, FL 33466**



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4231740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MEISEL, KEITH W
712 US HIGHWAY ONE SUITE 230
NORTH PALM BEACH, FL 33408**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORNELL, RICHARD
STREET ADDRESS	153 PALM CIRCLE
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	P
NAME	CORNELL, RICHARD
STREET ADDRESS	153 PALM CIR
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	VSD
NAME	KEMPER CORNELL, BARBARA T
STREET ADDRESS	153 PALM CIR
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000545768
05/11/06-80088-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Cornell **BARBARA CORNELL** 4/24/06 561-737-3113