

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000003141

1. Entity Name
TIMBER HOME INSPECTION, INC.



Principal Place of Business

3615 SW 6TH PL
CAPE CORAL, FL 33914

Mailing Address

3615 SW 6TH PL
CAPE CORAL, FL 33914



09042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3763740

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

CARLSON, PAUL V VP
3615 SW 6TH PL
CAPE CORAL, FL 33914

**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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DVST
NAME CARLSON, PAUL V
STREET ADDRESS 3615 SW 6TH PL
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE DP
NAME CARLSON, KELLY S
STREET ADDRESS 3615 SW 6TH PL
CITY-ST-ZIP CAPE CORAL, FL 33914

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09/07/06-80001-004 150.00

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-06

Date

239-898-9164

Daytime Phone #