## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000018433

Entity Name: ACE HOME INSPECTIONS OF SARASOTA, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

6181 MEDICI COURT 6181 MEDICI COURT #302 #301

SARASOTA, FL 34243 SARASOTA, FL 34243

**Current Mailing Address: New Mailing Address:** 

6181 MEDICI COURT 6181 MEDICI COURT #302 #301

SARASOTA, FL 34243 SARASOTA, FL 34243

FEI Number: 14-1871894 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINDSOR, DAVID B WINDSOR, DAVID B 6181 MEDICI COURT 6181 MEDICI COURT #302 #301

SARASOTA, FL 34243 US SARASOTA, FL 34243 US

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.

SIGNATURE: 04/26/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete (X) Change ( ) Addition WINDSOR, DAVID B WINDSOR, DAVID B Name: Name: 6181 MEDICI COURT #301 6181 MEDICI COURT #302 Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 US

Title: () Delete Title: ( ) Change (X) Addition HARRINGTON, MARK INSPECT Name: Name: Address: Address: 6181 MEDICI CT #301 SARASOTA, FL 34243 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. WINDSOR **OFFI** 04/26/2005