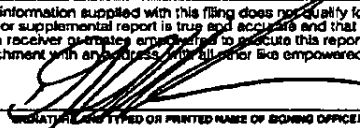


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

03-22-2004 90068 024 ***150.00

DOCUMENT # P03000022980			
1. Entity Name AMALGAMATED HOME INSPECTION, INC.			
Principal Place of Business 1713 SW 13TH STREET FT LAUDERDALE, FL 33312		Mailing Address 1713 SW 13TH STREET FT LAUDERDALE, FL 33312	
2. Principal Place of Business 7680 NW 79th AVE P1		3. Mailing Address 7680 NW 79th AVE P1	
City & State TAMARAC		City & State TAMARAC	
Zip 33321	Country U.S.A.	Zip 33321	Country U.S.A.
6. Name and Address of Current Registered Agent ATHERSTONE, DEREK G 1713 SW 13TH STREET FT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 7680 NW 79th AVE SUITE P1 City TAMARAC FL Zip Code 33321	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)			
FILE NOW!! FEB IS \$150.00 After May 1, 2004 Fee will be \$880.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PRESIDENT DEREK ATHERSTONE 7680 NW 79th AVE # P1 TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GREGORY REARDIGN 6830 NW 82nd St. TAMARAC FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: 		3/16/04 (954) 270 6731	
_____ Signature and Typed or Printed Name of Signing Officer or Director		_____ Date Daytime Phone #	

66416278



03162004 Chg-P CR2E034 (10/03)

4. FEI Number **13-4240061** Applied For ☐ Not Applicable

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