
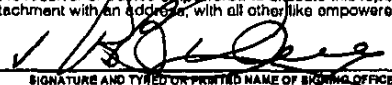


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000040969 1. Entity Name CHEWNING INSPECTION SERVICES, INC.			
Principal Place of Business 704 W. LINEBAUGH AVE. TAMPA, FL 33612		Mailing Address 704 W. LINEBAUGH AVE. TAMPA, FL 33612	
DO NOT WRITE IN THIS SPACE			
		05012007 No Chg-P CR2E034 (11/05)	
4. FEI Number 91-2090170		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 CHEWNING, ROGER B 14307 GRAFTON PLACE TAMPA, FL 33625		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 _____ <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, 2007 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		U000000761947 05/25/07-80077-009 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	PS		
NAME	CHEWNING, ROGER B		
STREET ADDRESS	14307 GRAFTON PLACE		
CITY- ST- ZIP	TAMPA, FL 33625		
TITLE	V		
NAME	CHEWNING, SANDRA M		
STREET ADDRESS	14307 GRAFTON PL		
CITY- ST- ZIP	TAMPA, FL 33625		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		Date: 5/1/07 Daytime Phone #: 813-962-4392	