

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000070305 1. Entity Name COVERED WAGON HOME INSPECTIONS INC.		
Principal Place of Business 9294 SNAPPER CIRCLE PORT CHARLOTTE FL 33981		
2. Principal Place of Business Same		3. Mailing Address 840 Golfview DR
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Lake Placid FL
Zip	Country	Zip 33852
Country Highland		4. FEI Number 16-1674303
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable

FILED

04 OCT 15 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04) 01

6. Name and Address of Current Registered Agent ISAF-PAUL A 9294 SNAPPER CIRCLE PORT CHARLOTTE FL 33981 840 Golfview DR Lake Placid, FL 33852	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City REINSTATEMENT Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAF, PAUL A 9294 SNAPPER CIRCLE PORT CHARLOTTE FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAF, Paul A. 840 Golfview Drive Lake Placid, FL 33852
<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Paul A. Isaf 9-28-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #