

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 006 ***150.00

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1. Entity Name

COVERED WAGON HOME INSPECTIONS INC.



Principal Place of Business

**9294 SNAPPER CIRCLE
PORT CHARLOTTE FL 33981**

Mailing Address

**840 GOLFVIEW DRIVE
LAKE PLACID FL 33852**



2. Principal Place of Business

840 PEACH TREE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

4. FEI Number

16-1674303

Applied For

Not Applicable

Zip

33852

Country

Highlands

Zip

33852

Country

Highlands

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

6. Name and Address of Current Registered Agent

**ISAF, PAUL A
840 GOLFVIEW DRIVE
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ISAF, PAUL A**
STREET ADDRESS **840 GOLFVIEW DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Paul A. Isaf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06 863-465-3807

Date

Daytime Phone #