

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072454

FILED
Apr 11, 2005
Secretary of State

Entity Name: DC REAL ESTATE INSPECTION SERVICES, INC.

Current Principal Place of Business:

611 SW PINE TREE LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

611 SW PINE TREE LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 30-0204598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTAGNERO, DONALD
611 SW PINE TREE LANE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTAGNERO, DONALD
Address: 611 SW PINE TREE LANE
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: KILLEN, LISA A
Address: 826 MIAMI SPRINGS DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: SEC () Delete
Name: CASTAGNERO, CHARLENE J
Address: 611 SW PINE TREE LANE
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: CASTAGNERO, CHARLENE J
Address: 611 SW PINE TREE LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: CASTAGNERO, CHARLENE J
Address: 611 SW PINE TREE LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KILLER, LISA A
Address: 826 MIAMI SPRINGS DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DONALD CASTAGNERO

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date