

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000072454**

1. Entity Name  
**DC REAL ESTATE INSPECTION SERVICES, INC.**



Principal Place of Business  
**611 SW PINE TREE LANE  
PALM CITY, FL 34990**

Mailing Address  
**611 SW PINE TREE LANE  
PALM CITY, FL 34990**



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0204598**

Applied For  
Not Applied

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

**6. Name and Address of Current Registered Agent**

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

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTAGNERO, DONALD 611 SW PINE TREE LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KILLER, LISA A 826 MIAMI SPRINGS DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CASTAGNERO, CHARLENE J 611 SW PINE TREE LANE PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTAGNERO, CHARLENE J 611 SW PINE TREE LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000562198  
05/19/06-80046-018 150.00

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IN THIS SPACE**

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: *Donald Castagnero*