
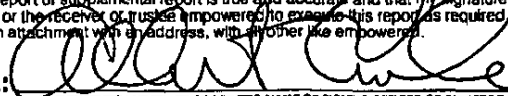


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-16-2004 90013 016 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P03000072730 1. Entity Name COMPLETE HOME INSPECTION SERVICE, INC. | | | |  | |
| Principal Place of Business 903 ST CLAIR ST TAMPA, FL 33605 | | | Mailing Address 903 ST CLAIR ST TAMPA, FL 33605 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 421598468 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent COOKE, ALBERT 903 ST CLAIR ST TAMPA, FL 33605 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COOKE, ALBERT 903 ST CLAIR ST TAMPA, FL 33605 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 another like empowered. | | | | | |
| SIGNATURE:  | | | 3/1/04 Date Daytime Phone # | | |

Attachment
66429215
#P03000072730

**COMPLETE
HOME INSPECTION, INC**
903 E St. Clair St
Tampa, FL 33605
(813)380-1355

6/28/04

To Whom It May Concern:

The annual profit report was accidentally given to my neighbor by a postal service employee. My neighbor recently moved and gave me several pieces of mail inadvertently delivered to his home. After reading the annual report, I immediately signed and returned the form to the Florida department of state along with my check for \$150.00. Complete Home Inspections Services, inc is a new business and new owner, I hope you will understand my situation. All future annual reports will be filed in a timely fashion.

Sincerely,

**Albert Cooke
President & CEO, Complete Home Inspection, Services, Inc.**