

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072730

FILED  
Jan 19, 2005  
Secretary of State

**Entity Name:** COMPLETE HOME INSPECTION SERVICE, INC.

**Current Principal Place of Business:**

903 ST CLAIR ST  
TAMPA, FL 33605

**New Principal Place of Business:**

P O BOX 272185  
TAMPA, FL 33688

**Current Mailing Address:**

903 ST CLAIR ST  
TAMPA, FL 33605

**New Mailing Address:**

P O BOX 272185  
TAMPA, FL 33688

**FEI Number:** 42-1598468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOKE, ALBERT  
903 ST CLAIR ST  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

COOKE, ALBERT  
P O BOX 272185  
TAMPA, FL 33688 US

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:

01/19/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COOKE, ALBERT  
Address: 903 ST CLAIR ST  
City-St-Zip: TAMPA, FL 33605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: COOKE, ALBERT  
Address: P O BOX 272185  
City-St-Zip: TAMPA, FL 33688

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: ALBERT COOKE

PRES

01/19/2005

Electronic Signature of Signing Officer or Director

Date