

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000073399

1. Entity Name
ALL FLORIDA APPLIANCE & HOME INSPECTIONS, INC



Principal Place of Business
1614 BROKEN BRANCH DR.
WESLEY CHAPLE, FL 33543

Mailing Address
1614 BROKEN BRANCH DR.
WESLEY CHAPLE, FL 33543

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0069983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ITS CENTERS INC.
15145 SHAW ROAD
TAMPA, FL 33625

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000940156
05/28/08-80054-019 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME IBRAHIM, SHERIF
STREET ADDRESS 1614 BROKEN BRANCH DR.
CITY-ST-ZIP WESLEY CHAPLE, FL 33543

TITLE V
NAME IBRAHIM, HEATHER
STREET ADDRESS 1614 BROKEN BRANCH DR.
CITY-ST-ZIP WESLEY CHAPLE, FL 33543

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

Date

Daytime Phone #