


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90322 014 ***150.00

DOCUMENT # P03000076920	
1. Entity Name PROPER HOME INSPECTIONS INC.	

Principal Place of Business 3715 TURTLE RUN BLVD APT 216 CORAL SPRINGS, FL 33067	Mailing Address 3715 TURTLE RUN BLVD APT 216 CORAL SPRINGS, FL 33067
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2. Principal Place of Business 309 LIBERTY CT. Suite, Apt. #, etc.	3. Mailing Address 309 LIBERTY CT. Suite, Apt. #, etc.
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City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33442	Country BROWARD

% F, 14000637325., F &

04192005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0067101	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YERFINO, DANIEL A 3715 TURTLE RUN BLVD APT 216 CORAL SPRINGS, FL 33067	7. Name and Address of New Registered Agent Name YERFINO, DANIEL A. Street Address (P.O. Box Number is Not Acceptable) 309 LIBERTY CT. City DEERFIELD BEACH FL Zip Code 33442
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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 	(NOTE: Registered Agent signature required when reinstalling)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YERFINO, DANIEL A 3715 TURTLE RUN BLVD APT 216 CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. YERFINO, DANIEL A. 309 LIBERTY CT. DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.

SIGNATURE: 	04/19/05 Date	Daytime Phone #
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