


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90173 004 ***150.00

DOCUMENT # P03000079105 1. Entity Name FEDERATED HOME INSPECTIONS OF FLORIDA INC.					
Principal Place of Business 801 MAPLEWOOD DR STE 15 JUPITER, FL 33458			Mailing Address 801 MAPLEWOOD DR STE 15 JUPITER, FL 33458		
2. Principal Place of Business 4241 E. MAIN ST.		3. Mailing Address 4241 E. MAIN ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JUPITER, FL		City & State JUPITER, FL		4. FEI Number 11-2391557	
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRITT, RICHARD L 801 MAPLEWOOD DR STE 15 JUPITER, FL 33458				7. Name and Address of New Registered Agent Name RICHARD L. MERRITT Street Address (P.O. Box Number is Not Acceptable) 4241 E. MAIN ST. City JUPITER FL 33458	
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 reinstating) DATE _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, RICHARD L 801 MAPLEWOOD DR STE 15 JUPITER, FL 33458 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD L. MERRITT 4241 E. MAIN ST. JUPITER FL 33458 <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	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # 561-799-6775		