


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000105149 1. Entity Name D.T.I. INSPECTION GROUP, INC.	
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Principal Place of Business 1845 EAST GARY ROAD LAKELAND, FL 33801	Mailing Address 1845 EAST GARY ROAD LAKELAND, FL 33801
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3131027 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ERLING VOLDEN, GERALD 1815 E GARY RD. LAKELAND, FL 33801

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ERLING VOLDEN, GERALD 1845 EAST GARY ROAD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VOLDEN, NITENA KAY 1845 EAST GARY ROAD LAKELAND, FL 33801
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/22/06-80073-005 150.00

**DO NOT WRITE
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

Date _____ Daytime Phone # _____