

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000107166

1. Entity Name

BLACK CREEK HOME INSPECTIONS, INC.



Principal Place of Business

P.O. BOX 845
WACISSA FL 32361

Mailing Address

P.O. BOX 845
WACISSA FL 32361

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

050594007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EVANS, DAN~~
2302 MERRIGAN PLACE
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name Henry H. Westmoreland III
Street Address (P.O. Box Number is Not Acceptable)
128 Thomas Lane
City Wacissa FL 32361

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

Henry H. Westmoreland III

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME WESTMORELAND, HENRY H III
STREET ADDRESS P.O. BOX 845
CITY-ST-ZIP WACISSA FL 32361

TITLE ☐ Delete
NAME EVANS, DAN
STREET ADDRESS 2302 MERRIGAN PLACE
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete
NAME WESTMORELAND, VICKI C
STREET ADDRESS P.O. BOX 845
CITY-ST-ZIP WACISSA FL 32361

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900035552099
CITY-ST-ZIP 05/06/04--01011--002 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Vicki C. Westmoreland

4/29/04

850.977-4055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 APR 30 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)