2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

ANNUAL REPORT						Apr 27, 2005 08:00			
1. Entity Nar	MENT # P0300010 CREEK HOME INSPECTION			S	ecretary o	of Stat			
			s e la a	1					
i .	ce of Business	Mailing Address]				
P.O. BOX 845 WACISSA, FL 32361 P.O. BOX 845 WACISSA, FL 323									
							UNI MANT RENT TERM TERM NAME A		
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272005	Chg-P	CR2E034 (10/03)		
City & State		City & State	City & State		4. FEI Number 05-0597			pplied For ot Applicable	
Zip	Country Zip		Country		5. Certificate o	f Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Curren	7. Name and Address of New Registered Agent Name							
WESTMORELAND, HENRY H III 128 THOMAS LANE WACISSA, FL 32361				Street Address (P.O. Box Number is Not Acceptable)					
VVACIOOA	1 L 32301			City			El Zip Coo		
9 The show	e named entity submits this statement	for the purpose of changing its			ad a got or both	in the State of El	F┗_ (_`		
the obliga	tions of registered agent.	or the purpose of changing its	s registere	ed office of register	ed agent, or both	, in the State of Fr	orida. Tam ramiliar with	, апа ассерт	
SIGNATURE.	Signature, typed or printed name of registered ager							<u> </u>	
	Signature, typed or printed name or registered ager	# and title if applicable (NOT	E. Hagistered	d Agent signature required	(when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME			TITLE				☐ Change	Addition	
STREET ADDRESS	DDRESS P.O. BOX 845		STRE	ET ADDRESS					
CITY-ST-ZIP	WACISSA, FL 32361 ✓ □ Delete		TITLE	-ST-ZIP	<u></u>		☐ Change	☐ Addition	
NAME	EVANS, DAN		NAME	:			Change		
STREET ADDRESS CITY-ST-ZIP	1			ET ADORESS -St-Zip					
TITLE	ST —	☐ Delete	TITLE			. <u> </u>	Change	☐ Addition	
NAME STREET ADDRESS	WESTMORELAND, VICKI C	2	NAME STREE	T ADDRESS		U00000	1335177	0 00	
CITY-ST-ZIP	WACISSA, FL 32361	<u> </u>	CITY-	ST-ZIP		U4/21/U5-	-80059-022 15	U.UU	
title Name		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS				T ADDRESS				İ	
CITY-ST-ZIP		Delete	CITY- TITLE	ST-ZIP		· -	☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS City-St-Zip				T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME Street address			NAME STREE	T ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-	ST-ZIP					
12. I hereby condicated of the corchanged,	cartify that the information supplied with on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	n this filling does not qualify for s true and accurate and that n owered to execute this report with all other like empowered.	the exch ny signati as requir	nption stated in Secure shall have the secure 607	Florida Statutes.	and that my name	I further certify that the in path; that I am an officer e appears in Block 10 or	nformation or director Block 11 if	
SIGNAT	URE: Sun Il W	alimo II			4-27-6	5			
J. W. 1771	SIGNATURE AND TYPED OR	PRINTED NAME OF SHARING OFFICER	OR DIRECTO	ОЯ		Date	Daytime Phone #		