

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000107166

1. Entity Name  
BLACK CREEK HOME INSPECTIONS, INC.



Principal Place of Business  
128 THOMAS LANE  
WACISSA, FL 32361

Mailing Address  
P.O. BOX 845  
WACISSA, FL 32361

**FILED**

08 APR -7 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0597007

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WESTMORELAND, HENRY H III  
128 THOMAS LANE  
WACISSA, FL 32361

**DO NOT WRITE  
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 *Henry H. Westmoreland III*

Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | P                         |
| NAME           | WESTMORELAND, HENRY H III |
| STREET ADDRESS | P.O. BOX 845              |
| CITY- ST- ZIP  | WACISSA, FL 32361         |
| TITLE          | V                         |
| NAME           | EVANS, DAN                |
| STREET ADDRESS | 2302 MERRIGAN PLACE       |
| CITY- ST- ZIP  | TALLAHASSEE, FL 32309     |
| TITLE          | ST                        |
| NAME           | WESTMORELAND, VICKI C     |
| STREET ADDRESS | P.O. BOX 845              |
| CITY- ST- ZIP  | WACISSA, FL 32361         |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY- ST- ZIP  |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY- ST- ZIP  |                           |

300122448583  
04/07/08--01016--018 \*\*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: *Henry H. Westmoreland III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

Date

Daytime Phone #

472