2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 24, 2006 08:00 AM DOCUMENT # P03000122207 **Secretary of State** 1. Entity Name HOME INSPECTIONS OF THE SUNCOAST, INC Principal Place of Business Mailing Address 4851 SHOREVIEW CT PORT RICHEY FL 34668 4851 SHOREVIEW CT PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0352873 Not Applicab Zίρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUPREE, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 4851 SHOREVIEW CT PORT RICHEY FL 34668 City Zio Code 5. 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 Signature, typed or printed name of registered agent and title it applicable (NOTE flegistored Agent signature required when routstaling) JAIE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May £ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State to. **CHFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE HILE ☐ Defete ☐ Change MARKE DUPREE, JEFFREY NAME UUUUUU4 79890 STREET ADDRESS STREET ADDRESS 4851 SHOREVIEW CT 04/10/06 30020-025 150.00 CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP TITLE ☐ Delete HILL [7] Change □ Add MAME NAME STREET ADDRESS STREET ADDRESS CTTY-57-ZIP CHY-SI-ZIP TITLE ☐ Defete IIILE Channe 口於 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 7833 F □ Delete TITLE ☐ Change Air NAME NAME STREET ADDRESS STREET ADDRESS City-ST-789 CHTY-SI-ZIP TITLE Delete Aug. TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-SY-ZIP THE Detete TISLE ☐ Change Am' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 cath; that I am an officer or direct 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 if changed, or on an attachment with an address, with full other like empowered. SIGNATURE:

3 22 06 227-815 8758

**FILED**