# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000147336**

**1. Entity Name**
INNOVATIVE HOME INSPECTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1212 7TH STREET NORTH<br>JACKSONVILLE BEACH, FL  32250 | 1212 7TH STREET NORTH<br>JACKSONVILLE BEACH, FL  32250 |

## DO NOT WRITE IN THIS SPACE

08152005     No Chg-P     CR2E034 (10/03)

| 4. FEI Number<br>59-3773710 | Applied For |
|---|---|
| | Not Applicable |

5. Certificate of Status Desired     **$8.75** Additional Fee Required

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

REGNIER, EUGENE A II
1212 7TH STREET NORTH
JACKSONVILLE BEACH, FL  32250

## 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 _EUGENE A. REGNIER_          Eu O Re          13/Aug/05

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

**FILE NOW!!!  FEE IS $550.00**
**Due by September 7, 2005**

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

**10.     OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | D |
| NAME | SANDERS, JAMES B |
| STREET ADDRESS | 569 HOPKINS STREET |
| CITY-ST-ZIP | NEPTUNE BEACH, FL  32266 |

| | |
|---|---|
| TITLE | D |
| NAME | REGNIER, EUGENE A II |
| STREET ADDRESS | 1212 7TH STREET NORTH |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL  32250 |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000376514
08/16/05-80001-001  558.75

## DO NOT WRITE IN THIS SPACE

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:** _Eu O Re_          _EUGENE A REGNIER_          13/Aug/05          904 294-2253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #