


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000154728


1. Entity Name
SANDOVAL'S INSPECTION/CONSULTANT, INC.



Principal Place of Business Mailing Address

119 SOLANO CAY CIRCLE **119 SOLANO CAY CIRCLE**
PONTE VEDRA BEACH, FL 32082 **PONTE VEDRA BEACH, FL 32082**

DO NOT WRITE IN THIS SPACE



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0523204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDOVAL, MICHAEL A
119 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082

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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 _____ DATE _____

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

1190001372632
 07/13/05-80011-011 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANDOVAL, MICHAEL A
STREET ADDRESS	119 SOLANO CAY CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael A Sandoval Date: 071105 Daytime Phone #: 904.357.4419

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