## **2005 FOR PROFIT CORPORATION**

## Apr 15, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P0400006126 04-15-2005 90108 027 \*\*\*150.00 CERTIFIED HOME INSPECTIONS SERVICES, INC. Principal Place of Business Mailing Address 20034574 4080 MUSTANG RD. PO BOX 2579 MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022005 CR2E034 (10/03) Applied For City & State 4. FEI Number\_ City & State <del>--39-3591198-</del> Not Applicable Zip Country Zip 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 CLARK, JAMES 4080 MUSTANG RD. Street Address (P.O. Box Number is Not Acceptable) MIDDLEBURG, FL 32068 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ìλŒ ikoù □ 8 444 ¬ £ □ Ŷ<sub>\*ë</sub><sup>21</sup>\* ἀιόὺ CLARK, JAMES ἀιόΰ HI CO BOOT OF 4080 MUSTANG RD. fii di sărbă ( ÝÌÇőÍ I 6490 MIDDLEBURG, FL 32068 ÝÌÇ6[]6Æ Ha □ 0.5m 1100 ☐ Ý,¿21• ☐ 8344 ¬± άιδε ດ້າດນໍ in the first for this ma saaai ŶĬſĠĹĨĠÆÐ ÝÌCNÍ Ì AÆO ìidu هذمال 🔲 l ioi ☐ B344 ¬± ດ້າດປົ ὰιόῦ mm soud! 10 000 01 ÝÌQ6ÍÌ6ÆÐ ÝÌCÓÍ Í ÓÆÐ ù bái í هونون 🔲 13/0 □ Ý,¿²¹• ☐ BW4 ¬£ ἀιόῦ ດ້ແດ່ຍໍ DECOROGE man and or ÝÌÇ6Í Ì 6430 ý icol to aso Hài ∞ د ان 🔲 ìkû □ BW4 ¬£ ὰιόῦ àιóû អាលា **លោ**បីវ filoo sociat ÝÌCóÍ ÌóÆÐ ÝÌCóÍ Ì ÁÐÐ i iai □ (3.5 m) 1360 ☐ 8944 ¬£ Ý,¿²¹• Ċιόῦ àióú

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.

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SIGNATURE:

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James W. Clark

**FILED**