2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000014673

COASTAL HOME INSPECTORS, INC.



Mailing Address Principal Place of Business

3111 GARDENS EAST DRIVE #15 PALM BEACH GARDENS, FL 33410 3111 GARDENS EAST DRIVE #15 PALM BEACH GARDENS, FL 33410

FILED Mar 13, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 20-0642963 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

02282006

Pee Required

Daytima Phone #

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SMITH, WILLIAM R 3111 GARDENS EAST DRIVE #15 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

No Chg-P

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 remstaling) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM R 3111 GARDENS EAST DRIVE #15 PALM BEACH GARDENS, FL 33410				UNNNN0464541 03/21/06-80120-801 15 0.80	
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· -			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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						

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