

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P04000017431

1. Entity Name
A-1 CERTIFIED INSPECTION SERVICES, INC.



Principal Place of Business
204 37 AVE N NO 187
ST PETERSBURG, FL 33704

Mailing Address
204 37 AVE N NO 187
ST PETERSBURG, FL 33704



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0106432 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STODDARD, BILL
204 37 AVE N NO 187
ST PETERSBURG, FL 33704

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME OPYO, LES
STREET ADDRESS 8100 47TH STREET N
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE VPTS
NAME STODDARD, BILL
STREET ADDRESS 3741 40TH AVE N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000662310
03/21/07-80008-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Bill Stoddard* Bill STODDARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07
Date

727-410-6995
Daytime Phone #