

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 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



02252008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000844752  
03/13/08-80011-018 150.00

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

**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:

*Leslie A. Opyo* LESLIE A. OPYO

Date

Daytime Phone #

2/28/08 727 5764412