



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90273 035 ***150.00

DOCUMENT # P04000060129 1. Entity Name ADVANCED INSPECTION SERVICES, INC.					
Principal Place of Business 714 SUN N LAKES BLVD. LAKE PLACID, FL 33852			Mailing Address 714 SUN N LAKES BLVD. LAKE PLACID, FL 33852		
2. Principal Place of Business 714 S SUN "N" LAKES BLVD		3. Mailing Address 714 S SUN "N" LAKES BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02242005 Chg-P CR2E034 (10/03)	
City & State LAKE PLACID, FL		City & State LAKE PLACID, FL		4. FEI Number 65-122 3786	
Zip 33852		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name MICHAEL DAVID DOWNS SR. Street Address (P.O. Box Number is Not Acceptable) 714 S SUN "N" LAKES BLVD City LAKE PLACID FL Zip Code 33852	
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 MICHAEL DAVID DOWNS SR MICHAEL DAVID DOWNS SR 3-3-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOWNS, MICHAEL D SR. 714 SUN N LAKES BLVD. LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWNS, PATRICIA A 714 SUN N LAKES BLVD. LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 DAVID DOWNS SR			3-3-05 843-699-5702		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		