

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085399

FILED
Apr 19, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA HOME & COMMERCIAL INSPECTOR, INC.

Current Principal Place of Business:

175 CORAL REEF CIRCLE
KISSIMMEE, FL 34743 US

New Principal Place of Business:

1351 GLENWICK DR
WINDERMERE, FL 34786 US

Current Mailing Address:

175 CORAL REEF CIRCLE
KISSIMMEE, FL 34743 US

New Mailing Address:

1351 GLENWICK DR
WINDERMERE, FL 34786 US

FEI Number: 20-1322411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDAL, ALBALUCIA
175 CORAL REEF CIRCLE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

VIDAL, ALBALUCIA
1351 GLENWICK DR
WINDERMERE, FL 34786 US

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.

SIGNATURE:

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBALUCIA, VIDAL
Address: 175 CORAL REEF CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: MIGUEL, VIDAL A
Address: 175 CORAL REEF CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: MONTES, CLAUDIA M
Address: 175 CORAL REEF CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALBALUCIA, VIDAL
Address: 1351 GLENWICK DR
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Change () Addition
Name: MIGUEL, VIDAL A
Address: 1351 GLENWICK DR
City-St-Zip: WINDERMERE, FL 34786

Title: S (X) Change () Addition
Name: MONTES, CLAUDIA M
Address: 1351 GLENWICK DR
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBALUCIA

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date