



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2007 8:00 am
Secretary of State

07-25-2007 90045 037 ***158.75

DOCUMENT # P04000099622 1. Entity Name 1ST CLASS HOME INSPECTIONS, INC.		
Principal Place of Business 541 PALM AVE SEBASTIAN, FL 32958	Mailing Address 541 PALM AVE SEBASTIAN, FL 32958	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RATHBURN, WILLIAM C 541 PALM AVE SEBASTIAN, FL 32958		66021260  07042007 No Chg-P CR2E034 (11/05) 4. FEI Number 34-2003234 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RATHBURN, WILLIAM C 541 PALM AVE SEBASTIAN, FL 32958	
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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: <u>William C Rathburn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8-15-07-722-589-6691</u> <small>Date Secretary Phone #</small>