


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

14011659

<b>DOCUMENT # P04000103368</b>				04-29-2005 90297 042 ***150.00	
1. Entity Name <b>GULF PROPERTY INSPECTIONS, INC.</b>					
Principal Place of Business <b>2300 SW 52ND LANE CAPE CORAL, FL 33914</b>			Mailing Address <b>C/O ROBERT D. ROYSTON, JR., P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent <b>ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P. D HEWETT, PHILIP D 2300 SW 52ND ST CAPE CORAL, FL 33914 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Christopher Hewett 2300 SW 52nd Lane Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Katherine Hewett 2300 SW 52nd Lane Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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:  <b>PHILIP D. HEWETT</b>			04/26/2005 239-540-2500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day/mo/yr Phone #</small>		