

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90081 050 \*\*\*158.75

DOCUMENT # P04000108289  
 1. Entity Name  
 TOP CHOICE HOME INSPECTION TEAM, INC.



Principal Place of Business  
 2524 REST HAVEN DRIVE  
 ORLANDO, FL 32806

Mailing Address  
 2524 REST HAVEN DRIVE  
 ORLANDO, FL 32806

50031501



2. Principal Place of Business  
 3002 Bay Tree Drive

3. Mailing Address  
 3002 Bay Tree Drive

Suite, Apt. #, etc.

03242005 Chg-P CR2E034 (10/03)

City & State  
 Orlando, FL

City & State  
 Orlando, FL

Zip  
 32806

Country  
 US

Zip  
 32806

Country  
 US

4. FEI Number  
 20-1422123

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HARDING, ROBERT L  
 20 NORTH EOLA DRIVE  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City  
 FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRIX, EDDIE C	
STREET ADDRESS	3002 BAYTREE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKER, AL	
STREET ADDRESS	2524 REST HAVEN DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hardrix, Eddie C.	
STREET ADDRESS	3002 Bay tree Dr.	
CITY-ST-ZIP	Orlando, FL. 32806	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mosby, Pierre	
STREET ADDRESS	8157 Timber St.	
CITY-ST-ZIP	Orlando, FL. 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Eddie C. Hendrix Eddie C. Hendrix - P 3-22-05 407-948-1475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #