

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90003 030 ***150.00

DOCUMENT # P04000110617

1. Entity Name
RESIDENTIAL HOME INSPECTION CONSULTANTS, INC.



Principal Place of Business
**2056 SE N BLACKWELL
PORT ST. LUCIE, FL 34952**

Mailing Address
**2056 SE N BLACKWELL
PORT ST. LUCIE, FL 34952**

50062071



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

26-0124151

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORN, STEVEN
2056 SE N BLACKWELL
PORT ST. LUCIE, FL 34952**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HORN, STEVEN
STREET ADDRESS 2056 SE N BLACKWELL
CITY-ST-ZIP PORT ST LUCIE, FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Steven Horn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-05

Date

772-201-9067

Daytime Phone #

ATTACHMENT
#P04000110617
50062021

July 20, 2005

To Whom It May Concern:

It has come to my attention through recent communication with your office that an announcement regarding my business license renewal went unanswered. This announcement was to have been received in the last quarter of 2004.

I wish to dispute the receipt of this announcement due to the fact that my home was hit by both hurricanes Frances and Gene and mail was not able to be delivered to my home during this time. My home was inhabitable from the onset of hurricane Frances until April, 2005.

It is my wish to have any action taken against my license due to this catastrophe. I have enclosed the required \$150 payment.

Please process my licensure to enable me to continue my livelihood.

Thank you,



Steven Horn
President
Residential Home Inspection Consultants