2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000110617 1. Entity Name RESIDENTIAL HOME INSPECTION CONSULTANTS, INC.							08-17-2005 90003 030 ***150.00				
Principal Place	e of Business	5	Mailing Address			_					
2056 SE N B			2056 SE N BLACKWELL						at P		
PORT ST. LUCIE, FL 34952			PORT ST. LUCIE, FL 34952				50062071				
		_									
2. Pfincipal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07062005	Chg-P	CR2	E034 (10/03)		
City & State			City & State			4. FEI Numbe	01241	51	⊢	oplied For of Applicable	
Zip	Country		Zip Cou		ntry	5. Certificate of Status Desired			\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New	Registere	d Agent		
HORN, STEVEN					Name						
2056 SE N	BLACKW				Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
PORT ST. LUCIE, FL 34952											
	•	And the second		City	FL Zip Code						
8. The above,	named entit		or the purpose of changin	g its register	ed office or regi	stered agent, or bot	h, in the State of	Florida. I ai	n familiar with,	and accept	
the obligations of registered agent. ំរុង											
SIGNATURE: Signature, typsed or printed name of registered ugent and title it applicable. (NOTE: Registered Agent agnature required when reinstating) DATE											
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 Trust Fund Contribution						\$5.00 May Be Added to Fees			*		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS A	NO DIRECTOR	S IN 11	
TITLE	PD		☐ Delete	☐ Delete TITL					Change	☐ Addition	
NAME	HORN, STEVEN				AE						
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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.

STREET ADDRESS CITY+ST+ZIP

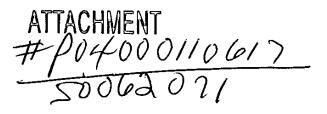
SIGNATURE:

STREET ADORESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-05

772-201-9067



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