## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000114052

Entity Name: MCLAIN HOME INSPECTION CORP.

**FILED** Feb 11, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10258 SHADOW BRANCH DR TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 10258 SHADOW BRANCH DR TAMPA, FL 33647 FEI Number: 51-0523421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** MARIA MCLAIN 660 E JEFFERSON ST 10258 SHADOW BRANCH DRIVE TALLAHASSEE, FL 32301 TAMPA, FL 33647 US US 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. SIGNATURE: MARIA MCLAIN 02/11/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete Title: () Change () Addition MCLAIN, MARIA Name: Name: 10258 SHADOW BRANCH DR Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCLAIN, JEFF Name: 10258 SHADOW BRANCH DR Address: Address: TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MCLAIN **PRES** 02/11/2005