

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

05-04-2006 90194 039 \*\*\*150.00  
P04000126445

**FILED**

06 JUL 17 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000126445</b>					
1. Entity Name JT HOME INSPECTOR, INC					
Principal Place of Business JOSE R TRAVIESO 11312 LAUREL CREST LN TAMPA, FL 33624-5251			Mailing Address JOSE R TRAVIESO 11312 LAUREL CREST LN TAMPA, FL 33624-5251		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>20-5210712</b> APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAVIESO, JOSE R 11312 LAUREL CREST LN TAMPA, FL 33624-5251				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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAVIESO, JOSE R		NAME		
STREET ADDRESS	11312 LAUREL CREST LN		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33624		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Jose R Travieso</i>			Date <b>4/29/06</b>		Deputy Phone # <b>813 380 8689</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR</small>			<small>Date</small>		<small>Deputy Phone #</small>

\* Maria gave permission to add FEI # *11/17/06*