2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000128509 1. Entity Name ALL COUNTY HOME INSPECTORS INC.					05-18-2005 90029 008 ***150.00			
Principal Place of Business 18836 MAISONS DR LUTZ, FL 33558		Mailing Address 18836 MAISONS DR LUTZ, FL 33558			##		(78) (1 78)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-P	~CR2E034*(10/03)*	٠	
City & State		City & State		4. FEI Numbe	478293	 	plied For	
Žip	Country	Zip	Zip Count			of Status Desired	S8.75 Add	litional
	6. Name and Address of Curren	t Registered Agent	4		7. Name and	Address of New Re	gistered Agent	
				Name				
CAMERON, LYNN 18836 MAISONS DR LUTZ, FL 33558				Street Address	(P.O. Box Number	er is Not Acceptable)	1	
				City			FL Zip Cod	e
0 The shave	named entity submits this statement	for the numero of changing it	rogistor	od office or registe	ared agent or bo	h in the State of Flor		and accept
	ions of registered agent.	for the purpose of changing its	a registeri	ad office of registe	area agent, or bo	in, an the State of Flor	ida. Fair iai mila wini,	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title it applicable. (NO	TE: Registare	d Agent signalure require	eg when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Cor			5.00 May Be ded to Fees			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
ME	Р	☐ Defete	TITL	1			☐ Change	Addition
NAME	-CAMERON-LYNN	·	NAM	ET ADDRESS		-		
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NAME			NAN					
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS /-ST-ZIP				
	cortify that the information pupplied w	ith this filles deep not qualify i			Posting 110 07(2)	/i) Elevido Statutos I	further coeffu that the i	nformation

12. I hereby certify that the information supplied with this filling 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: Lyma Comaron	3/17/05		
SIGN SURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #		