

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000139724

1. Entity Name
KRANZ HOME INSPECTION, INC.



Principal Place of Business
615 MCLENNAN STREET
CLEARWATER, FL 33756

Mailing Address

615 MCLENNAN STREET
CLEARWATER, FL 33756

2. Principal Place of Business
1807 12th St. SW

3. Mailing Address
1807 12th St. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO, FL

City & State
LARGO, FL

Zip 33778

Zip 33778

Country

05012005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1723320 Applied For

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRANZ, WILLIAM
615 MCLENNAN STREET
CLEARWATER, FL 33756

Name WILLIAM KRANZ

Street Address (P.O. Box Number is Not Acceptable)

1807 12th St. SW

City LARGO

FL Zip Code 33778

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)

5/16/05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME KRANZ, WILLIAM
STREET ADDRESS 615 MCLENNAN STREET
CITY-ST-ZIP CLEARWATER, FL 33756

Delete

11.

TITLE D
NAME KRANZ, WILLIAM
STREET ADDRESS 1807 12th St. SW
CITY-ST-ZIP LARGO, FL 33778

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

Delete

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:

WILLIAM KRANZ, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/05 727-667-1211

Date Daytime Phone #