


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90045 023 \*\*\*150.00

<b>DOCUMENT # P04000139724</b> 1. Entity Name <b>KRANZ HOME INSPECTION, INC.</b>					
Principal Place of Business <b>615 MCLENNAN STREET CLEARWATER, FL 33756</b>			Mailing Address <b>615 MCLENNAN STREET CLEARWATER, FL 33756</b>		
2. Principal Place of Business <b>1807 12th St. SW</b>		3. Mailing Address <b>1807 12th St. SW</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LARGO, FL</b>		City & State <b>LARGO, FL</b>		4. FEI Number <b>20-1723320</b>	
Zip <b>33778</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KRANZ, WILLIAM 615 MCLENNAN STREET CLEARWATER, FL 33756</b>		7. Name and Address of New Registered Agent Name <b>WILLIAM KRANZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1807 12th St. SW</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33778</b>			
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 <u><i>William J. Kranz</i></u> DATE <u>5-16-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRANZ, WILLIAM</b> <b>615 MCLENNAN STREET</b> <b>CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRANZ, WILLIAM</b> <b>1807 12th St. SW</b> <b>LARGO, FL 33778</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: WILLIAM KRANZ, PRES.</b> <u><i>William J. Kranz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>5-16-05</u> Daytime Phone # <u>727-667-1211</u>	