

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150755

FILED
Apr 05, 2005
Secretary of State

Entity Name: VERIFIED RESIDENTIAL INSPECTIONS, INC.

Current Principal Place of Business:

5001 20TH STREET SW
APT 7511
OCALA, FL 34474 US

New Principal Place of Business:

13413 SW 111TH ST
DUNNELLON, FL 34432 US

Current Mailing Address:

5001 20TH STREET SW
APT 7511
OCALA, FL 34474 US

New Mailing Address:

13431 SW 111TH ST
DUNNELLON, FL 34432 US

FEI Number: 20-1843649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAYCRAFT, TIMOTHY S
5001 20TH ST SW
APT 7511
OCALA, FL 34474 US

Name and Address of New Registered Agent:

CRAYCRAFT, TIMOTHY S
13431 SW 111TH ST
DUNNELLON, FL 34432 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:

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CRAYCRAFT, TIMOTHY S
Address: 5001 20TH ST SW APT 7511
City-St-Zip: OCALA, FL 34474 US

Title: VP () Delete
Name: CRAYCRAFT, RAY
Address: 2114 20TH AVE N
City-St-Zip: ST PETE, FL 33713 US

Title: VP () Delete
Name: CRAYCRAFT, BRENDA M
Address: 2003 CHERRY HILL CT
City-St-Zip: JEFFERSONVILLE, IN 47130 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CRAYCRAFT, TIMOTHY S
Address: 13431 SW 111TH ST
City-St-Zip: DUNNELLON, FL 34432 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 Statutes. 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: TIMOTHY S CRAYCRAFT

PRES

04/05/2005

Electronic Signature of Signing Officer or Director

Date