

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90046 028 ***150.00

DOCUMENT # P04000158886

1. Entity Name
FLORIDA EXECUTIVE HOME INSPECTORS, INC.



Principal Place of Business
**4937 CASON COVE DRIVE
SUITE 811
ORLANDO, FL 32811**

Mailing Address
**4937 CASON COVE DRIVE
SUITE 811
ORLANDO, FL 32811**

50032423

2. Principal Place of Business
6152 Waterfield Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 701741
Suite, Apt. #, etc.



03282005 Chg-P CR2E034 (10/03)

City & State
St. Cloud, FL
Zip
34771 Country

City & State
St. Cloud, FL
Zip
34770 Country

4. FEI Number
20-1927933 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVERA, MIGUEL A
4937 CASON COVE DRIVE
SUITE 811
ORLANDO, FL 32811**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **P**
RIVERA, MIGUEL A ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **4937 CASON COVE DRIVE SUITE 811
ORLANDO, FL 32811**

TITLE
NAME **S**
RIVERA, MIGUEL A ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **4937 CASON COVE DRIVE SUITE 811
ORLANDO, FL 32811**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P** ☒ Change ☐ Addition
RIVERA, MIGUEL A.
STREET ADDRESS
CITY-ST-ZIP **6152 Waterfield Way
St. Cloud, Florida 34771**

TITLE
NAME **S** ☒ Change ☐ Addition
RIVERA, MIGUEL A.
STREET ADDRESS
CITY-ST-ZIP **6152 Waterfield Way
St. Cloud, Florida 34771**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Miguel A. Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05

Date

Daytime Phone #