

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90030 028 ***150.00

DOCUMENT # P04000164968 1. Entity Name AT-HOME INSPECTION, INC.																											
Principal Place of Business 14147 PROSPECT ST SPRING HILL, FL 34609		Mailing Address 14147 PROSPECT ST SPRING HILL, FL 34609																									
2. Principal Place of Business 13439 AMANDA AVE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 15688 Suite, Apt. #, etc.																									
City & State SPRING HILL, FL Zip 34609		City & State BROOKSVILLE, FL Zip 34604																									
4. FEI Number 20-2046447		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TOMLINSON, MICHAEL 14147 PROSPECT ST SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name TOMLINSON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 13439 AMANDA AVE City SPRING HILL FL Zip Code 34609																									
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 4/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small> DATE																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">TOMLINSON, MICHAEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14147 PROSPECT ST</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">SPRING HILL, FL 34609</td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	TOMLINSON, MICHAEL		STREET ADDRESS	14147 PROSPECT ST		CITY - ST - ZIP	SPRING HILL, FL 34609		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">TOMLINSON, MICHAEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">13439 AMANDA AVE</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">SPRING HILL, FL 34609</td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TOMLINSON, MICHAEL		STREET ADDRESS	13439 AMANDA AVE		CITY - ST - ZIP	SPRING HILL, FL 34609	
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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:		4/4/05 (352) 398-9375 <small>Date Daytime Phone #</small>																									