2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY 28 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000007862

1. Entity Name
IND INSPECTOR NEXT DOOR, INC

Principal Place of Business	Mailing Address
1250 WINDWAY CIR KISSIMMEE, FL 34744	P.O.BOX. 452762 KISSIMMEE, FL 34745

03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1992785
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSADO, EDWIN
1250 WINDWAY CIR
KISSIMMEE, FL 34744

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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 _____ 3-30-08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSADO, EDWIN
STREET ADDRESS	P.O.BOX. 452762
CITY-ST-ZIP	KISSIMMEE, FL 34745
TITLE	VP
NAME	ROSADO, EDWIN
STREET ADDRESS	P.O.BOX. 452762
CITY-ST-ZIP	KISSIMMEE, FL 34745
TITLE	D
NAME	ROSADO, EDWIN
STREET ADDRESS	P.O.BOX. 452762
CITY-ST-ZIP	KISSIMMEE, FL 34745
TITLE	SEC
NAME	ROSADO, EDMARY A
STREET ADDRESS	P.O.BOX. 452762
CITY-ST-ZIP	KISSIMMEE, FL 34745
TITLE	TRES
NAME	ROSADO, MARY A
STREET ADDRESS	P.O.BOX. 452762
CITY-ST-ZIP	KISSIMMEE, FL 34745
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/29/08 90088 033
#150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3-30-08 407-873-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS