

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90030 024 ***150.00

DOCUMENT # P05000020360					
1. Entity Name HOME INSPECTION GROUP, INC.					
Principal Place of Business 156 MELROSE AVENUE ORMOND BEACH, FL 32174			Mailing Address 156 MELROSE AVENUE ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # 12 Renmont Ct. <small>Suite, Apt #, etc</small>		3. Mailing Address 12 Renmont Ct. <small>Suite, Apt #, etc</small>			
City & State Palm Coast, FL		City & State Palm Coast, FL		4. FEI Number 20-2316910	
Zip 32164		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAROSZ, JR., JOHN L. 156 MELROSE AVENUE ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name: John L. Jarosz Jr. Street Address (P.O. Box Number is Not Acceptable): 12 Renmont Ct. City: Palm Coast FL Zip Code: 32164		
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>John L. Jarosz Jr. (President)</u> DATE: <u>7-21-08</u> <small>(Signature required for printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing).)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: JAROSZ, JR., JOHN L. STREET ADDRESS: 156 MELROSE AVENUE CITY-ST-ZIP: ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE: D NAME: Jarosz, Jr., John L. STREET ADDRESS: 12 Renmont Ct. CITY-ST-ZIP: Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 I/we empowered.					
SIGNATURE: <u>John L. Jarosz Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-21-08</u> Daytime Phone #:		