


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90316 003 \*\*\*150.00

**DOCUMENT # P05000020580**

1. Entity Name  
**HOUSE DOCTOR HOME INSPECTIONS, INC.**



Principal Place of Business      Mailing Address

8292 W. PINE BLUFF STREET      8292 W. PINE BLUFF STREET  
 CRYSTAL RIVER, FL 34428      CRYSTAL RIVER, FL 34428

2. Principal Place of Business      3. Mailing Address

**8292 W. Pine Bluff St**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**Crystal River, FL**      **SAME**

Zip      Country      Zip      Country

**34428**      **USA**      **SAME**      **SAME**

400410



03082006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**202317593**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LOFLEY, SCOTT**  
**8292 W. PINE BLUFF STREET**  
**CRYSTAL RIVER, FL 34428**

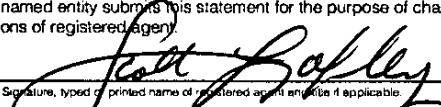
7. Name and Address of New Registered Agent

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:       DATE: **4-12-06**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOFLEY, SCOTT	
STREET ADDRESS	8292 W. PINE BLUFF STREET	
CITY - ST - ZIP	CRYSTAL RIVER, FL 34428	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOFLEY, LISA	
STREET ADDRESS	8292 W. PINE BLUFF STREET	
CITY - ST - ZIP	CRYSTAL RIVER, FL 34428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:       Date: **4-11-06**      Daytime Phone #: **(352) 564-8339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR