

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048697

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** ACCURATE HOME INSPECTIONS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

203 OLIVE AVE.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

203 OLIVE AVE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 20-2618860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEIPER, VAL SCOTT  
1897 S.E. GREENDON AVE.  
PORT ST. LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: KEIPER, VAL SCOTT  
Address: 1897 S.E. GREENDON AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VAL SCOTT KEIPER

P/D

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date