

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90212 026 ***150.00

DOCUMENT # P05000049174

1. Entity Name
BILLY MARTELIZ HOME INSPECTION & CONSULTING, INC.



Principal Place of Business
**2204 N. ARMENIA AVENUE
TAMPA, FL 33607**

Mailing Address
**2204 N. ARMENIA AVENUE
TAMPA, FL 33607**

4000000000



2. Principal Place of Business
**2916-W. Clifton St.
Suite, Apt. #, etc.
Tampa, FL
City & State**

3. Mailing Address
**2916-W. Clifton St.
Suite, Apt. #, etc.
Tampa, FL
City & State**

01302006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2931090 Applied For ☒ Not Applicable

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

Zip
33614 Country
US

Zip
33614 Country
US

6. Name and Address of Current Registered Agent
**MARTELIZ, ROLANDO W
2204 N. ARMENIA AVENUE
TAMPA, FL 33607**

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTELIZ, ROLANDO W 2204 N. ARMENIA AVENUE TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACA, ROXANN 2204 N. ARMENIA AVENUE TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LACA, ROXANN 2204 N. ARMENIA AVENUE TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LACA, ROXANN 2204 N. ARMENIA AVENUE TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rolando W. Marteliz 2916-W. Clifton St. Tampa, FL. 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roxann Laca 2916-W. Clifton St. Tampa, FL. 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Roxann Laca 2916-W. Clifton St. Tampa, FL. 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Roxann Laca 2916-W. Clifton St. Tampa, FL. 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Rolando W. Marteliz Pres.** 4/24/06 (813) 879-5128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #