

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90149 035 ***150.00



DOCUMENT # P05000072812
1. Entity Name
HOMEOWNERS INSURANCE INSPECTION SERVICES, INC.

Principal Place of Business
 280 DIRKSEN DRIVE
 DEBARY, FL 32713

Mailing Address
 280 DIRKSEN DRIVE
 DEBARY, FL 32713

40060610



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
 14-1930351

Applied For
 Not Applicable

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

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 PD Delete
NAME MASON, WILLIAM E
STREET ADDRESS 280 DIRKSEN DRIVE
CITY-ST-ZIP DEBARY, FL 32713

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME MASON, JEAN G
STREET ADDRESS 280 DIRKSEN DRIVE
CITY-ST-ZIP DEBARY, FL 32713

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD Delete
NAME MURPHY, JAMES A III
STREET ADDRESS 280 DIRKSEN DRIVE
CITY-ST-ZIP DEBARY, FL 32713

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 **386-668-9133**
Date Daytime Phone #