

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 028 ***150.00

DOCUMENT # P05000083080 1. Entity Name NO HASSLE HOME INSPECTIONS, INC.					
Principal Place of Business P.O. BOX 101031 PALM BAY, FL 32910			Mailing Address P.O. BOX 101031 PALM BAY, FL 32910		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2972870	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GREENAWAY, ROXANN ESQ. 1707 CANOVA STREET SE SUITE 1 PALM BAY, FL 32909			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 4.12.07 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 FLAVIUS, CLIFTON D P.O. BOX 101031 PALM BAY, FL 32910	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLAVIUS, CLIFTON D P.O. BOX 101031 PALM BAY, FL 32910	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/12/07 DATE 321 537-9566 Daytime Phone #		

Mary Groom R20001173516

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

DOCUMENT # P05000083080

1. Entity Name
NO HASSLE HOME INSPECTIONS, INC.



Principal Place of Business
P.O. BOX 101031
PALM BAY, FL 32910

Mailing Address
P.O. BOX 101031
PALM BAY, FL 32910

40064523

DO NOT WRITE IN THIS SPACE

02142007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2972870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENAWAY, ROXANN ESQ.
1707 CANOVA STREET SE
SUITE 1
PALM BAY, FL 32909

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FLAVIUS, CLIFTON D
P.O. BOX 101031
PALM BAY, FL 32910

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FLAVIUS, CLIFTON D
P.O. BOX 101031
PALM BAY, FL 32910

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/12/07

Date

321-537-9566

Daytime Phone #

MoneyGram R 20001173516

ATTACHMENT

40064523



Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.

This information cannot be changed on the report.	
Document Number	P05000083080
Business Entity Name	NO HASSLE HOME INSPECTIONS, INC.
Original File Date	06/09/2005

FEI Number 20-2972870

Principal Address P.O. BOX 101031
PALM BAY, FL 32910

Mailing Address P.O. BOX 101031
PALM BAY, FL 32910

Registered Agent ESQ. ROXANN GREENAWAY
1707 CANOVA STREET SE
SUITE 1
PALM BAY, FL 32909 US

Officer/Director Name And Address

P
CLIFTON D FLAVIUS
P.O. BOX 101031
PALM BAY, FL 32910

VP
CLIFTON D FLAVIUS
P.O. BOX 101031
PALM BAY, FL 32910

If all of the above
information is correct and
you do not wish to make
any changes, please
select:



If you need to make
changes to the above
information, please
select:

Make Changes