

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000144578

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** AFFILIATED HOME INSPECTIONS, INC

**Current Principal Place of Business:**

4002 SCENIC DRIVE  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

332 FOURTH ST  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

4002 SCENIC DRIVE  
MIDDLEBURG, FL 32068

**New Mailing Address:**

332 FOURTH ST  
ATLANTIC BEACH, FL 32233

**FEI Number:** 20-3715190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, STEPHEN C  
4002 SCENIC DRIVE  
MIDDLEBURG, FL 32068 US

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

BROWN, STEPHEN C  
332 FOURTH ST  
ATLANTIC BEACH, FL 32233 US

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

04/02/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, STEPHEN C  
Address: 332 FOURTH ST  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: STEPHEN C. BROWN

PD

04/02/2012

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

\_\_\_\_\_  
Date