

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000157317



1. Entity Name

MID-FLORIDA HOME INSPECTIONS INC

Principal Place of Business

**6701 S TROPICANA AVE
LECANTO, FL 34461 US**

Mailing Address

**6701 S TROPICANA AVE
LECANTO, FL 34461 US**



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number

42-1690355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, WADE
6701 S TROPICANA AVE
LECANTO, FL 34461**

**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

3/30/07

**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	D,P
NAME	SMITH, WADE
STREET ADDRESS	6701 S TROPICANA AVE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	S
NAME	SAPP, MARY
STREET ADDRESS	811 HELMSMAN WAY
CITY-ST-ZIP	PALM HARBOR, FL 34461
TITLE	VP,T
NAME	SMITH, WADE
STREET ADDRESS	6701 S TROPICANA AVE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/25/07-80055-016 150.00

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:

SMITH, WADE

3/30/07

352-628-0822