

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90098 020 ***158.75

DOCUMENT # P06000024491 1. Entity Name A-PLUS COMPLETE HOME INSPECTIONS, INC.			
Principal Place of Business 6371 COLLINS ROAD 507 JACKSONVILLE, FL 32244-7519		Mailing Address 6371 COLLINS ROAD 507 JACKSONVILLE, FL 32244-7519	
2. Principal Place of Business - No P.O. Box # 148 Vanderford Rd N Suite, Apt. #, etc.		3. Mailing Address 148 Vanderford Rd N Suite, Apt. #, etc.	
City & State Orange Park, FL Zip 32073-5968		City & State Orange Park, FL Zip 32073-5968	
Country USA		Country USA	
4. FEI Number 11-3770848		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALPHONSE, EUGENE CPA 2018 SMITH STREET ORANGE PARK, FL 32073-5543		7. Name and Address of New Registered Agent Name Cal Davis Associates, P.A. CPA Street Address (P.O. Box Number is Not Acceptable) 1409 Kingsley Ave Suite 1-C City Orange Park	
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.		DATE Jan 18, 2007	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE Jan 18, 2007	
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BROWN, TIMOTHY E <input type="checkbox"/> Delete STREET ADDRESS 6371 COLLINS ROAD, STE 507 CITY-ST-ZIP JACKSONVILLE, FL 322447519	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Brown, Timothy E. STREET ADDRESS 148 Vanderford Rd N. CITY-ST-ZIP Orange Park, FL 32073-5968		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE Jan 18, 2007	
DAYTIME PHONE # 904-777-9086		DATE Jan 18, 2007	