2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90434 023 ***150.00

DOCUMENT # P06000059649 1. Entity Name INSPECO HOME INSPECTIONS INC.						04-30-2007 9	00434 023 ***150	0.00
Principal Plac	e of Business	Mailing Address			i			
3351 ROXBOROUGH AVE		3351 ROXBOROUGH AVE						
CLEARWATER, FL 33762 US		CLEARWATER, FL 33762 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01122007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	(4244	 - - 	plied For t Applicable	
Zip Country		Zip Cou		ry	E Cortificate o	f Status Desired	\$8.75 Add	
							Fee Required	. t
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New R	egistered Agent	
SAPUTO, FRANK V								
	BOROUGH AVE			Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER, FL 33762						–		
			+	City			FL Zip Code	9
The above named entity submits this statement for the purpose of changing its registere							<u> </u>	
	named entity submits this statement to ions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Fio	orida. Tam tamiliar with,	ano accept
	12	. Drocides	7			4	1/24/20	7
SIGNATURE	Atgnature, typed or printegrame of registered agent a	and fille (applicable. (NOTI	E Registered	 1 Agent signature required	t when reinstaung)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTORS	
TITLE	P CARUTO FRANK M	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	SAPUTO, FRANK V 3351 ROXBOROUGH AVE		NAME STREE	ET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33762			ST-ZIP				
TITLE								
NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS		☐ Delete	NAME	:			☐ Change	Addition
CITY-ST-7IP		☐ Delete	NAME STREE	ET ADDRESS			☐ Change	Addition
CITY-ST-ZIP			NAME STREE	ET ADDRESS ST- ZIP			☐ Change	Addition
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Indicated on this report or supplied with rins ming does not quanty 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