


FILED
May 29, 2007 8:00 am
Secretary of State

04-25-2007 90202 033 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000124257			
1. Entity Name SPOTLIGHT HOME INSPECTIONS, INC.			
Principal Place of Business 1742 DOGWOOD DRIVE MARCO ISLAND, FL 34145		Mailing Address 1742 DOGWOOD DRIVE MARCO ISLAND, FL 34145	
2. Principal Place of Business - No P.O. Box # 1742 DOGWOOD DRIVE		3. Mailing Address 1742 DOGWOOD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARCO ISLAND, FL.		City & State MARCO ISLAND, FL.	
Zip 34145		Zip 34145	
Country COLLIER		Country COLLIER	
4. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>	
Applied For <input checked="" type="checkbox"/> Not Applicable		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSEBOOM, BRET J 1742 DOGWOOD DRIVE MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name BRET ROSEBOOM Street Address (P.O. Box Number is Not Acceptable) 1742 DOGWOOD DRIVE City MARCO ISLAND FL Zip Code 34145	
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 BRET ROSEBOOM BRET ROSEBOOM 5-25-07 Signature, typed or printed name of registered agent and date 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 <input type="checkbox"/> \$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 ROSEBOOM, BRET J 1742 DOGWOOD DRIVE MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: BRET ROSEBOOM pres.		5-25-07 239-389-2751	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	