

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P92000000538**

1. Entity Name  
**INDEPENDENT HOME INSPECTION SERVICES, INC.**



Principal Place of Business  
**1534 HARBOR PLACE  
SARASOTA, FL 34239**

Mailing Address  
**1534 HARBOR PLACE  
SARASOTA, FL 34239**



05052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0373146**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**IENNA, RICHARD F  
1534 HARBOR PLACE  
SARASOTA, FL 34239**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PTSM</b>
NAME	<b>IENNA, RICHARD FRANK</b>
STREET ADDRESS	<b>1534 HARBOR PL</b>
CITY-ST-ZIP	<b>SARASOTA, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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05/20/06-80012-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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

**5-1-06**

Date

**941-366-6747**

Daytime Phone #