


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90001 010 \*\*\*150.00

<b>DOCUMENT # P94000015792</b> 1. Entity Name A ACCREDITED HOME INSPECTION SERVICE INC.	
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Principal Place of Business 2160 WHITE PINE CIRCLE #D WEST PALM BEACH, FL 33415 US	Mailing Address 6342 FOREST HILL BLVD PMB 279 WEST PALM BEACH, FL 33415 US
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50021191



05162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0348707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WATTERS, DARYL 2160 D WHITE PINE CIRCLE WEST PALM BEACH, FL 33415
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**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 Daryl Watters Daryl Watters President 6-4-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATTERS, DARYL 2160 D WHITE PINE CIRCLE WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, MARIEN <u>Watters Marian</u> 2160 WHITE PINE CIR <u>2160 D white pine cir</u> WEST PALM BEACH, FL <u>33415 WEST PALM BEACH FL</u> <u>33415</u>
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**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 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: Daryl Watters Daryl Watters President 6-4-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #