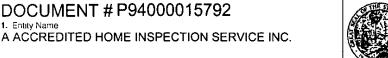
## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**





A ACCREDITED HOME INSPECTION SERVICE INC. Principal Place of Business Mailing Address 60044083 2160 WHITE PINE CIRCLE 6742 FOREST HILL BOULEVARD **SUITE 271** WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33413 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0348707 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATTERS, DARYL Street Address (P.O. Box Number is Not Acceptable) 2160 D WHITE PINE CIRCLE WEST PALM BEACH, FL 33415 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE Delete TIT! F ☐ Addition NAME WATTERS, DARYL NAME STHEET ADDRESS 2160 D WHITE PINE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33415 TITLE Delete TITLE ☐ Change ☐ Addition WATTERS, MARIAN NAME 2160 D WHITE PINE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP HILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS JITY ST-ZIP CITY-ST-ZIP Delete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TIRLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRIN NING OFFICER OR DIRECTOR

**FILED** 

Jun 05, 2008 8:00 am Secretary of State

06-05-2008 90002 018 \*\*\*150 00

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TAM SORRY I Was

NO ISSUE a NOTICE,

THAN TO CALL FOR ONE

YOUR CLERK TOID ME IT IS OR

TO mail \$150-90

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314