

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000015792

**FILED**  
**Sep 15, 2010**  
**Secretary of State**

**Entity Name:** A ACCREDITED HOME INSPECTION SERVICE INC.

**Current Principal Place of Business:**

898 FIELDSTONE WAY  
#D  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

898 FIELDSTONE WAY  
#D  
WEST PALM BEACH, FL 33413 US

**New Mailing Address:**

**FEI Number:** 65-0475304      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WATTERS, DARYL  
898 FIELDSTONE WAY  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WATTERS, DARYL  
Address: 898 FIELDSTONE WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: V  
Name: WATTERS, MARIAN  
Address: 898 FIELDSTONE WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARYL WATTERS

PRES

09/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date