


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000059493**  
 1. Entity Name  
**INSPECTIONS PLUS, INC.**



Principal Place of Business      Mailing Address  
**1900 LAND O'LAKES BLVD.**      **1900 LAND O'LAKES BLVD.**  
**SUITE 117**      **SUITE 117**  
**LUTZ, FL 33549**      **LUTZ, FL 33549**

**DO NOT WRITE IN THIS SPACE**



01222004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-0519923**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LUSSENDEN, BRIAN D**  
**1900 LAND O'LAKES BLVD.**  
**SUITE 117**  
**LUTZ, FL 33549**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-filing)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PSTD LUSSENDEN, BRIAN D 1900 LAND O'LAKES BLVD., SUITE 117 LUTZ, FL 33549
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UD0000013343  
 01/26/04-80050-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brian D. Lussenden, Pres 1/22/04 813.944.2239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #