

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000001815**

1. Entity Name

FLORIDA INSPECTION EQUIPMENT LTD., INC.



Principal Place of Business

343 ALMERIA  
CORAL GABLES, FL 33134

Mailing Address

10302 S. FEDERAL HWY., PMB 244  
PORT ST LUCIE, FL 34952 US

**DO NOT WRITE IN THIS SPACE**

08102004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0546935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVE.  
CORAL GABLES, FL 33134

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
HAUGEN, EDWIN F  
C/O 343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
HAUGEN, BETTY D  
C/O 343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

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08/16/04-80006-004 150.00

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IN THIS SPACE**

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:**

*[Signature]* E. F. HAUGEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AUG. 10/04 (905) 875-2030**

Date

Daytime Phone #