2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM

	ANNUAL	REPURI		-	* C	4 C C4-4-	
DOCUMENT # P95000046579 f. Entity Name SPECIALTY BUILDING INSPECTIONS, INC.				Secretary of State			
1130 CLIFFI	ce of Business ROSE STREET D, FL 33019 US	Malling Address P.O. BOX 814645 HOLLYWOOD, FL 33081-4645			KE BU BEN BEN BEN BEN	. Anna airea airea airea airea airea aireann airea	
DO NOT WRITE IN THIS SPA			03312006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied by Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent GROH, STEPHEN R 1130 CLIFFROSE STREET HOLLYWOOD, FL 33019			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the lons of registered agent. Signature, typed or printed name of registered agent and		d office or register		in the State of Flor	rida. I am lamillar with, and accept	
FILE NOWIK FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 S. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME	OFFICERS AND DI P GROH, STEPHEN R 1130 CLIFFROSE STREET HOLLYWOOD, FL 33019	RECTORS			} §7;Ω:Ω:Ω:Ω	197 9 81	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/14/06 E	187981 18017-016 150.00 RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				IN T	HIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP TITLE							

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 of 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: SIGNATURE OF STONING OFFICER OR DIRECTOR

STREET ADCRESS CITY-ST-ZIP