


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000079555</b> 1. Entity Name HOMEPRO INSPECTIONS, INC.	
---	---

Principal Place of Business 6357 SPANISH MAIN DRIVE APOLLO BEACH, FL 33572	Mailing Address 6357 SPANISH MAIN DRIVE APOLLO BEACH, FL 33572
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3340902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BARNUM, LINDA S 6357 SPANISH MAIN DRIVE APOLLO BEACH, FL 33572
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 reinstalling) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNUM, JAMES F 6357 SPANISH MAIN DRIVE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNUM, LINDA 6357 SPANISH MAIN DRIVE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>10000032855 04/25/05-80093-016 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** *Linda Barnum* **April 22, 2005** 873 645 4854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #