2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000084072

1. Entity Name
ON SIGHT HOME INSPECTION SERVICES, INC.

Principal Place of Business	Mailing Address
2617 PARK ROAD HALLANDALE, FL 33009	2617 PARK ROAD HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

04072008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0627170	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

FINKELSTEIN, MICHAEL
2617 PARK ROAD
HALLANDALE, FL 33009

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000905915 05/02/08-80001-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FINKELSTEIN, MICHAEL
STREET ADDRESS	2617 PARK ROAD
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: _____   MICHAEL FINKELSTEIN   4·14·08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

954·454·1259