

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90129 045 ***150.00

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1. Entity Name
INTERCOASTAL HOME INSPECTIONS, INC.



Principal Place of Business
3760 N.W. 116TH TERRACE
SUNRISE, FL 33323

Mailing Address
3760 N.W. 116TH TERRACE
SUNRISE, FL 33323

2. Principal Place of Business
4121 SW 47 AVE
Suite, Apt. #, etc. SUITE 1309

3. Mailing Address
Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)



City & State DAVIE FL

City & State

4. FEI Number
65-0675600

Applied For
Not Applicable

Zip 33314

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

DORSKY, ERIC ESQ.
7320 GRIFFIN ROAD, SUITE 220
DAVIE, FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 D
NAME PRESUTTI, BILL
STREET ADDRESS 3760 N.W. 116TH TERRACE
CITY-ST-ZIP SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Bill PRESUTTI
STREET ADDRESS 4121 SW 47 AVE, STE 1309
CITY-ST-ZIP DAVIE FL 33314

TITLE V
NAME FRAZER, William
STREET ADDRESS 4121 S.W. 47 Ave. Ste. 1309
CITY-ST-ZIP DAVIE, Florida 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William L Presutti WILLIAM L PRESUTTI 4/28/04 954-701-1242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #