

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000087117 | |
| 1. Entity Name C.E.S. INSPECTION SERVICES, INC. | |
| Principal Place of Business 3050 SPIRIT LAKE DRIVE WINTER HAVEN, FL 33880 | Mailing Address PO BOX 2720 WINTER HAVEN, FL 33883-9441 |



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-3406862 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SABIN, EVANIE
3050 SPIRIT LAKE DR.
PO BOX 2720
WINTER HAVEN, FL 33883

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SABIN, EVANIE C 3050 SPIRIT LAKE DRIVE WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD SABIN, CHARLES M 3050 SPIRIT LAKE DRIVE WINTER HAVEN, FL 33880 |
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03/16/05-80024-006 150.00

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2005

Date

(863) 521-2132

Daytime Phone #