


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

06-03-2005 90002 027 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P97000014596</b>                                   |  |
| 1. Entity Name<br><b>JOSEPH M. BARRASS HOME INSPECTION, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>9645 SADDLE BROOK DRIVE<br/>BOCA RATON, FL 33496</b> | Mailing Address<br><b>9645 SADDLE BROOK DRIVE<br/>BOCA RATON, FL 33496</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business<br><b>1761 SW 9 STREET</b> | 3. Mailing Address<br><b>1761 SW 9 STREET</b> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                           |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>BOCA RATON FL</b> | City & State<br><b>BOCA RATON FL</b> |
| Zip<br><b>33486</b>                  | Zip<br><b>33486</b>                  |
| Country<br><b>P. B.</b>              | Country<br><b>Palm Bch</b>           |

**05092005 Chg-P CR2E034 (10/03)**

4. FEI Number  
**65-0725661**

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

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>BARRASS, JOSEPH M<br/>7702 SOLIMAR CIRCLE<br/>BOCA RATON, FL 33433</b> |  |
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|--|--|
| 7. Name and Address of New Registered Agent<br>Name <b>Joseph M. BARRASS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1761 SW 9 STREET</b><br>City <b>BOCA RATON FL</b> Zip Code <b>33486</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.<br>SIGNATURE <b>Joseph M. BARRASS</b> DATE <b>6-1-05</b> |  |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br><b>NO</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BARRASS, JOSEPH M<br/>7702 SOLIMAR CIRCLE<br/>BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Joseph M. BARRASS<br/>1761 SW 9 STREET<br/>BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Joseph M. Barrass** DATE **6-1-05** 561 338-9948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR