


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000035724</b> 1. Entity Name ACCURATE INSPECTIONS INC.	
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Principal Place of Business 10625 PINE ISLAND DRIVE WEEKI WACHEE, FL 34607	Mailing Address 10625 PINE ISLAND DRIVE WEEKI WACHEE, FL 34607
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**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3500755	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  MENZIES, MARVIN O 10625 PINE ISLAND DRIVE WEEKI WACHEE, FL 34607	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000755113 05/22/07-80090-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MENZIES, MARVIN O 10625 PINE ISLAND DRIVE WEEKI WACHEE, FL 34607
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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:** *Marvin O Menzies* **MARVIN MENZIES** **X4-30-07 3525974957**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #