

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051771

FILED
Feb 06, 2006
Secretary of State

Entity Name: CERTIFIED BUILDING INSPECTIONS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

10710 CLYDESDALE DRIVE EAST
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10710 CLYDESDALE DRIVE EAST
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3450517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYATT, DOUG
10710 CLYDESDALE DRIVE EAST
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HYATT, DOUG
Address: 10710 CLYDESDALE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST () Delete
Name: HYATT, DEBORAH
Address: 10710 CLYDESDALE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH HYATT

ST

02/06/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date