

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000059637

1. Entity Name
ACCURATE INSPECTION SERVICES, INC.



Principal Place of Business
215 WEST POWHATAN AVENUE
TAMPA, FL 33604

Mailing Address
215 WEST POWHATAN AVENUE
TAMPA, FL 33604

FILED
Mar 14, 2005 08:00 AM
Secretary of State



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3456805

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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
PD
DASILVA, MARK S
215 WEST POWHATAN AVENUE
TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
DASILVA, AMELIA P
215 WEST POWHATAN AVENUE
TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000262149
03/14/05-80040-022 150.00

**DO NOT WRITE
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

3-11-05

Date

813 237 8594

Daytime Phone #