

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90175 017 ***150.00

DOCUMENT # P97000101142					
1. Entity Name INSPECTION SERVICES OF NORTH FLORIDA, INC.					
Principal Place of Business 1423 SPRUCE AVE. TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 188 TALLAHASSEE, FL 32302 US		
2. Principal Place of Business 221 LIVE OAK LANE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HAVANA, FL		City & State		4. FEI Number 59-3502751	
Zip 32333		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABSTEIN, LESLIE C JR. 1423 SPRUCE AVE. TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) 221 LIVE OAK LANE		
City			State Zip Code TALLAHASSEE FL 32333		
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		LESLIE C. ABSTEIN JR		3/4/05	
(NOTE: Registered Agent signature required when re-registering)		DATE		FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
9. Election Campaign Financing		Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABSTEIN, LESLIE C JR. P. O. BOX 188 TALLAHASSEE, FL 32302	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABSTEIN, LESLIE C III P. O. BOX 188 TALLAHASSEE, FL 32302	<input type="checkbox"/> Delete			
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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		LESLIE C. ABSTEIN JR		3/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	