2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9800006914

1. Entity Name — PRO-TEC HOME INSPECTIONS, INC.

Mailing Address

Principal Place of Business 1594 REGAL OAK DRIVE KISSIMMEE, FL 34744

1594 REGAL OAK DRIVE KISSIMMEE, FL 34744

FILED Jan 07, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number	•	Applied For	
59-3488721		Not Applicat	ole
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREENE, RANDY 1594 REGAL OAK DRIVE KISSIMMEE, FL 34744

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							
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, RANDY 1594 REGAL OAK DRIVE KISSIMMEE, FL 34744						
TIFLE NAME STREET ADDRESS CITY-ST-ZIP					Unnann173684 01/07/05-80028-016 150.00		
TITLE NAME STREET ADORESS CITY+ST-ZIP				DO	NOT WRITE		
TITLE Name Street Address City+St-Zip				IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					··· ···-		
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 shalf 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.							