

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90020 036 \*\*\*150.00

<b>DOCUMENT # P98000050136</b> 1. Entity Name <b>TOTAL BUILDING CONSULTANTS &amp; INSPECTORS, INC.</b>			
Principal Place of Business <b>30533 TURNBERRY AVENUE SORRENTO, FL 32776</b>		Mailing Address <b>30533 TURNBERRY AVENUE SORRENTO, FL 32776</b>	
2. Principal Place of Business <b>30602 Alcrest Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>30602 Alcrest Ave.</b> Suite, Apt. #, etc.	
City & State <b>Sorrento FL</b> Zip <b>32776</b>		City & State <b>Sorrento, FL</b> Zip <b>32776</b>	
Country		Country	
4. FEI Number <b>59-3521924</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RESCH, RONALD 30533 TURNBERRY AVENUE SORRENTO, FL 32776</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>30602 Alcrest Ave.</b> City <b>Sorrento</b> <b>FL</b> Zip Code <b>32776</b>	
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 <u><i>Ron Resch</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RESCH, RONALD</b> <b>30533 TURNBERRY AVE</b> <b>SORRENTO, FL 32776</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>30602 Alcrest Ave</b> <b>Sorrento, FL 32776</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>RESCH, VICKI L</b> <b>30533 TURNBERRY AVE</b> <b>SORRENTO, FL 32776</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>30602 Alcrest Ave.</b> <b>Sorrento FL 32776</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ron Resch</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/16/06</u> <u>352-383-8615</u> Date Daytime Phone #	