


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90024 007 ***150.00

DOCUMENT # P99000010163

1. Entity Name
ACCREDITED BUILDING INSPECTION SERVICE INC.



Principal Place of Business
~~368 SEMINOLE WOODS BLVD.~~
~~GENEVA, FL 32732~~
421 Pinesong Dr.
Casselberry, FL 32707

Mailing Address
~~368 SEMINOLE WOODS BLVD.~~
~~GENEVA, FL 32732~~
P.O. Box 181219
Casselberry, FL 32718

2. Principal Place of Business
421 Pinesong Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 181219
Suite, Apt. #, etc.

City & State
Casselberry FL

City & State
Casselberry FL

Zip
32707

Country
USA

Zip
32718-1219

Country
USA



02032005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ALLEN, FRANKLIN T
368 SEMINOLE WOODS BLVD.
GENEVA, FL 32732

4. FEI Number
59-3554896

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
421 Pinesong Dr.
City **Casselberry** FL Zip Code **32707**

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 *Franklin T Allen* DATE *2/17/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, FRANKLIN T 368 SEMINOLE WOODS BLVD. GENEVA, FL 32732 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allen, Franklin T 421 Pinesong Dr. Casselberry, FL 32707 <input checked="" 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 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: *Franklin T Allen* DATE *2/17/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR