2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State
06-18-2007 90001 013 ***150.00

DOCUMENT # P99000074244

1. Entity Name
TR BUILDING INSPECTIONS, INC.

Principal Place of Business	Mailing Address
610 DEVONSHIRE BOULEVARD LONGWOOD, FL 32750	610 DEVONSHIRE BOULEVARD LONGWOOD, FL 32750

05032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
280 Dirksen Dr.	280 Dirksen Dr.
Suite, Apt #, etc	Suite, Apt #, etc
City & State: DeBary, FL.	City & State: DeBary, FL.
Zip: 32713. Country: USA.	Zip: 32713 Country: USA.

4. FEI Number: 59-3594508 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATTOE, THOMAS R
610 DEVONSHIRE BOULEVARD
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name: Thomas R. Battoe
Street Address (P.O. Box Number is Not Acceptable): 280 Dirksen Dr.
City: DeBary FL Zip Code: 32713.

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] DATE: 6.13.07.
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTOE, THOMAS R 610 DEVONSHIRE BOULEVARD LONGWOOD, FL 32750	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTOE, THOMAS R. 280 Dirksen Dr. DeBary, FL. 32713.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 6.13.07 386 804 2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #