

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 610 DEVONSHIRE BOULEVARD LONGWOOD, FL 32750	Mailing Address 610 DEVONSHIRE BOULEVARD LONGWOOD, FL 32750
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2. Principal Place of Business - No P.O. Box # 280 Dirksen Dr.	3. Mailing Address 280 Dirksen Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

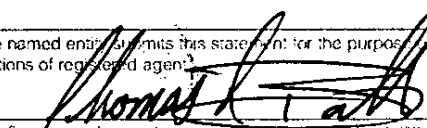
City & State DeBary, FL.	City & State DeBary, FL.
Zip 32713.	Zip 32713
Country USA.	Country USA.

05032007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3594508	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

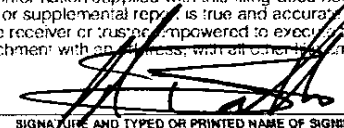
6. Name and Address of Current Registered Agent BATTOE, THOMAS R 610 DEVONSHIRE BOULEVARD LONGWOOD, FL 32750
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7. Name and Address of New Registered Agent Name Thomas R. Battoe Street Address (P.O. Box Number is Not Acceptable) 280 Dirksen Dr. City DeBary FL Zip Code 32713.
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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:  DATE: 6.13.07.

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.
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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
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 changes empowered.
SIGNATURE:  DATE: 6.13.07 DAYTIME PHONE: 386 804 2605