

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63941

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** HOME INSPECTIONS OF U.S.A. FLORIDA DIVISION, INC.

**Current Principal Place of Business:**

C/O BATSEL, MCKINLEY AND ITTERSAGEN P.A.  
189 ANNAPOLIS LANE  
ROTONDA WEST, FL 33947

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BATSEL, MCKINLEY AND ITTERSAGEN P.A.  
189 ANNAPOLIS LANE  
ROTONDA WEST, FL 33947

**New Mailing Address:**

**FEI Number:** 65-0270122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUNDERSON, MIKO P.  
1861 PLACIDA ROAD  
SUITE 104  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PELTON, DONALD L.  
Address: 189 ANNAPOLIS LANE  
City-St-Zip: ROTONDA WEST, FL

Title: D ( ) Delete  
Name: PELTON, LINDA M.  
Address: 189 ANNAPOLIS LANE  
City-St-Zip: ROTONDA WEST, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PELTON, DONALD L.  
Address: 189 ANNAPOLIS LANE  
City-St-Zip: ROTONDA WEST, FL 33947

Title: D (X) Change ( ) Addition  
Name: PELTON, LINDA M.  
Address: 189 ANNAPOLIS LANE  
City-St-Zip: ROTONDA WEST, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M PELTON

VP

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date