

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V12674**

**1. Entity Name**  
**INSPECTION EXPERTS, INC.**



**Principal Place of Business**  
**2131 QUEEN PALM RD.**  
**BOCA RATON, FL 33432 US**

**Mailing Address**  
**2131 QUEEN PALM RD.**  
**BOCA RATON, FL 33432 US**



02042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0313802**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**RAWLINGS, EVERETT**  
**2131 QUEEN PALM ROAD**  
**BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

000000051652  
02/16/04-800651-009 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** RAWLINGS, EVERETT  
**STREET ADDRESS** 2131 QUEEN PALM ROAD  
**CITY-ST-ZIP** BOCA RATON, FL 33432

**TITLE** D  
**NAME** RAWLINGS, ADLEEN  
**STREET ADDRESS** 2131 QUEEN PALM RD  
**CITY-ST-ZIP** BOCA RATON, FL 33432

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*Adleen Rawlings*  
**ADLEEN RAWLINGS**  
**V.PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**2/10/04 561-362-6405**