

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90001 005 ***150.00

DOCUMENT # V68513

1. Entity Name
COUNTY BUILDING INSPECTORS, INC.



Principal Place of Business

P O BOX 2692
STUART, FL 34995

Mailing Address

P O BOX 2692
STUART, FL 34995



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0374259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUCCOLO, ANTHONY
2745 NE CYPRESS LN
JENSEN BEACH, FL 34957

**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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRACUZZI, ANTHONY
STREET ADDRESS	36 W. HIGH POINT ROAD
CITY - ST - ZIP	STUART, FL 34996
TITLE	D
NAME	RUCCOLO, ANTHONY
STREET ADDRESS	2745 NE CYPRESS LN
CITY - ST - ZIP	JENSEN BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony Stracuzzi **ANTHONY STRACUZZI**

772-283-2815

Attachment
44048996

V68513

County Building Inspectors, Inc.
P.O. Box 2692
Stuart, FL 34995

July 12, 2004

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 6198
Tallahassee, FL 32314

Please be advised that I never received my 2004 Uniform Business Report. The other day I received a notice from you that I had not paid my 2004 corporate filing fee. I was advised to state in a letter that I had not received my 2004 Uniform Business Report; and should remit to you the \$150 which would have been due on the business report I did not receive instead of sending you the late fee. Please find enclosed my check in the amount of \$150 for my 2004 corporate filing.

Sincerely,



Anthony Stracuzzi, President