

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043058

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: A THOROUGH INSPECTION INC.

**Current Principal Place of Business:**

2745 RYAN LANE  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4274  
DELTONA, FL 32725 US

**New Mailing Address:**

FEI Number: 20-2607432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAINE, GAIL K  
2064 ROCKY HILL DR.  
DELTONA, FL 32738 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OSTOYIC, AUDREY A  
Address: 2745 RYAN LANE  
City-St-Zip: DELTONA, FL 32738 US

Title: CEO  
Name: MAINE, GAIL K  
Address: 2064 ROCKYHILL DR.  
City-St-Zip: DELTONA, FL 32738 US

Title: DIR  
Name: MAINE, JOHN E JR.  
Address: 2064 ROCKYHILL DR.  
City-St-Zip: DELTONA, FL 32738 US

Title: DIR  
Name: OSTOYIC, WILLIAM A  
Address: 2745 RYAN LANE  
City-St-Zip: DELTONA, FL 32738 US

Title: SEC  
Name: OSTOYIC, AUDREY A  
Address: 2745 RYAN LANE  
City-St-Zip: DELTONA, FL 32738 US

Title: TRES  
Name: MAINE, GAIL K  
Address: 2064 ROCKYHILL DR.  
City-St-Zip: DELTONA, FL 32738 US

I hereby 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 all other like empowered.

SIGNATURE: GAIL K. MAINE

CEO

02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date