

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000043058

**FILED**  
**Jan 25, 2015**  
**Secretary of State**  
**CC0334154658**

**Entity Name:** A THOROUGH INSPECTION INC.

**Current Principal Place of Business:**

2745 RYAN LANE  
DELTONA, FL 32738

**Current Mailing Address:**

PO BOX 4274  
DELTONA, FL 32725 US

**FEI Number:** 20-2607432

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

Title DIR  
Name MAINE, JOHN EJR.  
Address 2064 ROCKYHILL DR.  
City-State-Zip: DELTONA FL 32738

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

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

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

*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 MAINE

**C.E.O.**

**01/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date