


ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90087 027 ***150.00

DOCUMENT # P01000064770


1. Entity Name
A-1 INSPECTION SERVICE OF NORTH FLORIDA, INC.



Principal Place of Business Mailing Address
RT.9, BOX 2281-1 **RT.9, BOX 2281-1**
LAKE CITY, FL 32024 **LAKE CITY, FL 32024**

2. Principal Place of Business 3. Mailing Address
331 SW Oakwood Ct. **331 SW Oakwood Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake City FL **Lake City FL**
 Zip Country Zip Country
32024 **Columbia** **32024** **Columbia**



04202004 Chg-P CR2E034 (10/03)

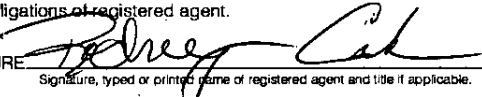
4. FEI Number Applied For
59-3756017 Not Applicable

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

6. Name and Address of Current Registered Agent
COLE, RODNEY
RT.9, BOX 2281-1
LAKE CITY, FL 32024

7. Name and Address of New Registered Agent
 Name **Cole Rodney**
 Street Address (P.O. Box Number is Not Acceptable) **331 SW Oakwood Ct.**
 City **Lake City** **FL** Zip Code **32024**

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  (President) DATE **4-20-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, RODNEY RT.9, BOX 2281-1 LAKE CITY, FL 32024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WADDINGTON, J. MICHAEL 12401 HATTON CHASE LANE EAST JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4-20-2004** Telephone # **(904) 813-8910**

Signature and typed or printed name of signing officer or director