


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000103851  
 1. Entity Name  
 A11 HOME INSPECTIONS, INC.



Principal Place of Business Mailing Address  
 2105 NOVA VILLAGE DR. 2105 NOVA VILLAGE DR.  
 DAVIE, FL 33317-7023 DAVIE, FL 33317-7023

**DO NOT WRITE IN THIS SPACE**



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 81-0634082 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VARGAS, JORGE J  
 2105 NOVA VILLAGE DR.  
 DAVIE, FL 33317-7023

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	VARGAS, JORGE J
STREET ADDRESS	2105 NOVA VILLAGE DR
CITY-ST-ZIP	DAVIE, FL 33317
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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 04/15/05-80079-020 150.00

**DO NOT WRITE 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)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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:  Jorge J. Vargas President 04/12/05 954-655-2929  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #