

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 835878

1. Entity Name
INS INVESTIGATIONS BUREAU, INC.



Principal Place of Business

9 CAMPUS DRIVE STE 7
ATT: JE GILMORE PARALEGAL
PARSIPPANY, NJ 07054 US

Mailing Address

9 CAMPUS DRIVE STE 7
ATT: JE GILMORE PARALEGAL
PARSIPPANY, NJ 07054 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004 Chg-P CR2E034 (10/03)

94025933



4. FEI Number
13-2829003

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \$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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCT
NAME THOMPSON, MICHAEL W
STREET ADDRESS 4426 BROOKSHADOW DRIVE
CITY-ST-ZIP KINGSWOOD, TX 77345

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VD
NAME HARDY, EDD M
STREET ADDRESS 7208 BELL CHASSE
CITY-ST-ZIP NASHVILLE, TN 37221

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE V
NAME OF, RAY
STREET ADDRESS 2472 GRAND AVE
CITY-ST-ZIP BELLMORE, NY 11710

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE S
NAME JACKSON, THOMAS M
STREET ADDRESS 17 HAWTHORNE CT
CITY-ST-ZIP MORRISTOWN, NJ 07960

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 on Block 10 or Block 11, 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

Thomas M. Jackson/Corporate Secretary

01/29/2004