

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # F04000000945

1. Entity Name

DANGERFIELD INVESTIGATORS, INC.



Principal Place of Business

6832 ASCOT DRIVE
SUITE 101
NAPLES, FL 34113

Mailing Address

P.O. BOX 1579
MARCO ISLAND, FL 34146-1579



01062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1867736

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCCRACKEN, ROBERT L
6832 ASCOT DRIVE
SUITE 101
NAPLES, FL 34113

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
CP
MCCRACKEN, VIVIANNE D
6832 ASCOT DRIVE #101
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCVP
MCCRACKEN, ROBERT L
6832 ASCOT DRIVE #101
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MCCRACKEN, ROBERT L
6832 ASCOT DRIVE #101
NAPLES, FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MORRIS, BARBARA A
2626 WORRELL COURT
CROFTON, MD 21114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000399315
02/01/06-80005-016 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert L. McCracken
ROBERT L. MCCrackEN, V.P.

Date

1-7-06

Daytime Phone #

239-793-3714