


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90047 038 \*\*\*150.00

<b>DOCUMENT # F06000001134</b>					
<b>1. Entity Name</b> J.P. INVESTIGATIVE GROUP INC.					
<b>Principal Place of Business</b> P.O. BOX 2466 MONROE, NC 28111-2466			<b>Mailing Address</b> P.O. BOX 354714 PALM COAST, FL 32135		
<b>2. Principal Place of Business - No P.O. Box #</b> 9716-B REA RD Suite, Apt. #, etc. #211		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> CHARLOTTE NC		<b>City &amp; State</b>		<b>4. FEI Number</b> 56-2186828	
<b>Zip</b> 28277		<b>Country</b> MCKENNA, KY		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TROCKI, MIKE 26 LINDSAY DR. PALM COAST, FL 32137			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> PAONOSSA, JOE P.O. BOX 2466 MONROE, NC 281112466		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PAONESSA JOE (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9716-B #211 REA RD CHARLOTTE, NC 28277	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> PAONOSSA, TRACY L P.O. BOX 2466 MONROE, NC 281112466		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	(V) PAONESSA TRACY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9716-B #211 REA RD CHARLOTTE, NC 28277	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-15-07 877-990-2111 Date Daytime Phone #		