

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000001134**

1. Entity Name  
J.P. INVESTIGATIVE GROUP INC.



Principal Place of Business

9716-B REA RD  
#211  
CHARLOTTE, NC 28277

Mailing Address

P.O. BOX 354714  
PALM COAST, FL 32135

**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
56-2186828

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TROCKI, MIKE  
26 LINDSAY DR.  
PALM COAST, FL 32137

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000934283

05/23/08 80026-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PAONESSA, JOE
STREET ADDRESS	9716-B #211 REA RD
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	V
NAME	PAONESSA, TRACY
STREET ADDRESS	9716-B #211 REA RD
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08 877-990-2111