

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000002467**

1. Entity Name  
**ACCURATE DETECTIVE AGENCY, INC.**



Principal Place of Business  
**PO BOX 6847  
WARWICK, RI 02887**

Mailing Address  
**PO BOX 6847  
WARWICK, RI 02887**



02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0475850**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLARK, CHARLES D  
1802 MILL RUN CR.  
TAMPA, FL 33613**

**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's signature required when reappointing)

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**

**000000051646  
02/16/04-80060-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	DURNING, DEAN
STREET ADDRESS	3193 POST RD.
CITY - ST - ZIP	WARWICK, RI 02886
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dean S. Durning* **DEAN S. DURNING** *2/11/04* **800 641-1213**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #