

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90385 027 ***150.00

DOCUMENT # F96000001487

1. Entity Name
PROBITY INVESTIGATIONS, INC.



Principal Place of Business
**3649 BROWN-WELL CT
GAINESVILLE, GA 30504**

Mailing Address
**PO BOX 1311
OAKWOOD, GA 30566**



04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

**3030 McEwen Rd
Suite, Apt. #, etc.
300**

3. Mailing Address

Suite, Apt. #, etc.

City & State

GAINESVILLE, GA

City & State

Zip
30504

Country
USA

Zip

Country

4. FEI Number

58-2207121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MICHAEL'S INVESTIGATIONS, INC.
3040 SIXMA ROAD
DELTONA, FL 32738**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **REDDING, GARY T**
STREET ADDRESS **3649 BROWNWELL CT**
CITY-ST-ZIP **GAINESVILLE, GA 30504**

TITLE **ST** ☒ Delete
NAME **REDDING, PATRICIA G**
STREET ADDRESS **6 SADDLE TRAIL**
CITY-ST-ZIP **ROME, GA 30161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DEENA REDDING**
STREET ADDRESS **SECRETARY/TREASUROR**
CITY-ST-ZIP **3649 BROWNWELL CT**
GAINESVILLE, GA 30504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04

770-718-0616