


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90195 037 \*\*\*150.00

**DOCUMENT # G00119**

1. Entity Name  
**STATEWIDE BUREAU OF INVESTIGATION, INC.**



Principal Place of Business      Mailing Address

**3809 EDWARDS ROAD**      **PO BOX 290637**  
**PLANT CITY, FL 33567 US**      **TAMPA, FL 33687 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**PO Box 3456**

City & State      City & State

**PLANT CITY, FL**

Zip      Country      Zip      Country

**33563**      **HILLSBOROUGH**



02102005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-2231962**      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BARTELL, ROBERT V</b> <b>3809 EDWARDS RD.</b> <b>PLANT CITY, FL 33567</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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, need not be printed name of registered agent and title. Last name. (TITLE) Registered Agent signature required for change.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTELL, ROBERT V			NAME	BARTELL, ROBERT V.		
STREET ADDRESS	PO BOX 290637			STREET ADDRESS	PO BOX 3456		
CITY ST ZIP	TAMPA, FL 33687			CITY ST ZIP	PLANT CITY, FL 33563		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWSON, TERRI E			NAME	LAWSON, TERRI E.		
STREET ADDRESS	PO BOX 290637			STREET ADDRESS	PO BOX 3456		
CITY ST ZIP	TAMPA, FL 33687			CITY ST ZIP	PLANT CITY, FL 33563		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				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: Robert V. Bartell pres      4/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR