


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # G00119
 1. Entity Name
 STATEWIDE BUREAU OF INVESTIGATION, INC.



Principal Place of Business Mailing Address
 3809 EDWARDS ROAD P.O. BOX 3456
 PLANT CITY, FL 33567 US PLANT CITY, FL 33563 US



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2231962 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BARTELL, ROBERT V
 3809 EDWARDS RD.
 PLANT CITY, FL 33567

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00001711128
 04/25/07-80070-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARTELL, ROBERT V
STREET ADDRESS	P.O. BOX 3456
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	VD
NAME	LAWSON, TERRI E
STREET ADDRESS	P.O. BOX 3456
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert V. Bartell ROBERT V. BARTELL 4/13/07 813-737-2595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #