

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G00119

FILED  
Apr 26, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3809 EDWARDS ROAD  
PLANT CITY, FL 33567 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3456  
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number:** 59-2231962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARTELL, ROBERT V  
3809 EDWARDS RD.  
PLANT CITY, FL 33567 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARTELL, ROBERT V  
Address: P.O. BOX 3456  
City-St-Zip: PLANT CITY, FL 33563

Title: VD  
Name: LAWSON, TERRI E  
Address: P.O. BOX 3456  
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT V. BARTELL

PD

04/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date