

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81744

FILED
Mar 22, 2004
Secretary of State

Entity Name: POLICE REPORT PROCUREMENT, INC.

Current Principal Place of Business:

5442 NW 42ND WAY
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

6233 NW 82ND DR
PARKLAND, FL 33067 US

Current Mailing Address:

5442 NW 42ND WAY
COCONUT CREEK, FL 33073 US

New Mailing Address:

6233 NW 82ND DR
PARKLAND, FL 33067 US

FEI Number: 65-0202999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, MEACHAM & DAVELL
BANK OF AMERICA, SUITE 2602
ONE FINANCIAL PLAZA
FORT LAUDERDALE, FL 333941697 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: P () Delete
Name: EDWARDS, ANGIE
Address: 5442 NW 42ND WAY
City-St-Zip: COCONUT CREEK, FL

Title: VP () Delete
Name: EDWARDS, GARY
Address: 825 HOSMER STREET
City-St-Zip: MARINETTE, WI

Title: S () Delete
Name: EDWARD, ANGIE
Address: 5442 NW 42ND WAY
City-St-Zip: COCONUT CREEK, FL

Title: T () Delete
Name: VALENTIN, ALEX
Address: 5442 NW 42ND WAY
City-St-Zip: COCONUT CREEK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDWARDS, ANGIE
Address: 8233 NW 82ND DR
City-St-Zip: PARKLAND, FL 33067 US

Title: VP (X) Change () Addition
Name: VALENTIN, ALEX
Address: 6233 NW 82ND DR
City-St-Zip: PARKLAND, FL

Title: S (X) Change () Addition
Name: EDWARDS, ANGIE
Address: 6233 NW 82ND DR
City-St-Zip: PARKLAND, FL

Title: T (X) Change () Addition
Name: EDWARDS, GARY
Address: 825 HOSMER ST
City-St-Zip: MARINETTE, WI 54143

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANGIE EDWARDS

PRES

03/22/2004

Electronic Signature of Signing Officer or Director

Date