


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90008 046 ***150.00

DOCUMENT # L89828 1. Entity Name IN FOCUS INVESTIGATIONS AGENCY, INC.					
Principal Place of Business 398 A N. HARBOR CITY BLVD W. MELBOURNE, FL 32934 US			Mailing Address 398 A N. HARBOR CITY BLVD W. MELBOURNE, FL 32934 US		
2. Principal Place of Business <i>398-A N. Harbor City Blvd</i>		3. Mailing Address <i>398-A N. Harbor City Blvd</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Melbourne, FL</i>		City & State <i>Melbourne, FL</i>		4. FEI Number 59-3024968	
Zip 32935		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLIFFORD, SWANK D 398 A N HARBOR CITY BLVD W. MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>Melbourne</i> FL Zip Code <i>32935</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC BARRIAULT, LOUISE J. 398 A N HARBOR CITY BLVD. MELBOURNE, FL 32934 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Melbourne, FL 32935</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANK, CLIFFORD 398 A. HARBOR CITY BLVD MELBOURNE, FL 32934 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Melbourne, FL 32935</i>	
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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: <i>L. Barriault</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>5/14/04</i> Daytime Phone # <i>321-253-0054</i>		

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03112003 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

\$8.75 Additional Fee Required

Name

Street Address (P.O. Box Number is Not Acceptable)

City *Melbourne*

FL

Zip Code

32935

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
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MELBOURNE, FL 32934 ☐ Delete

☒ Change ☐ Addition
TITLE
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CITY-ST-ZIP
Melbourne, FL 32935

TITLE
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VP
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398 A. HARBOR CITY BLVD
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SIGNATURE: *L. Barriault*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/14/04* Daytime Phone # *321-253-0054*

ATTACHMENT

489828
44045805

Called your office
was advised to file
& send reg. fee \$150.

Did not receive
renewal notice
address is Melbourne

32935

Lee B.