

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # L89828

1. Entity Name  
IN FOCUS INVESTIGATIONS AGENCY, INC.



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

Principal Place of Business  
398-A N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935 US

Mailing Address  
398-A N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935 US



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3024968 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CLIFFORD, SWANK D  
398 A-N HARBOR CITY BLVD  
MELBOURNE, FL 32935

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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

100000707631  
04/24/07-80079-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC BARRIAULT, LEE 398 A N HARBOR CITY BLVD. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANK, CLIFFORD 398 A. HARBOR CITY BLVD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Lee Barriault*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE BARRIAULT

4/24/07

Date

321-253-0054

Daytime Phone #