

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L89828

1. Entity Name
IN FOCUS INVESTIGATIONS AGENCY, INC.



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

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07022008 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 <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
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 restate)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTC BARRIAULT, LEE 398 A N HARBOR CITY BLVD. MELBOURNE, FL 32935
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWANK, CLIFFORD 398 A. HARBOR CITY BLVD MELBOURNE, FL 32935
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000953651
07/07/08-80008-018 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Barriault
Date

July 2, 2008
Daytime Phone # *321-253-0054*