2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M88133

STATEWIDE INVESTIGATIONS, INC.

FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

233 N. FEDERAL HWY

STE #49 **DANIA, FL 33004** Mailing Address

PO BOX 246

DANIA, FL 33004



01102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0085613

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, DEANNA 233 N. FEDERAL HWY STE #49

DANIA, FL	_ 33004	IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the plicons of registered agent.	irpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept)t
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE Registered Agent signature required when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIREC	TORS	ᅱ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BAKER, DEANNA 199 NE 6TH CT DANIA, FL 33004	U00000640358 12/28/07-80062-023 150 no	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			`
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS			•

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 frue 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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR