

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90070 009 ****61.25

DOCUMENT # N27099 1. Entity Name PRIVATE INVESTIGATOR'S ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business PO BOX 12483 TALLAHASSEE, FL 32317			Mailing Address PO BOX 12483 TALLAHASSEE, FL 32317		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 59-3016012			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BONACUM, ANTHONY 4935 SOUTHWIND DR MULBERRY, FL 33860				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEY, JIM <input type="checkbox"/> Delete 6860 GULFPORT BLVD. SAINT PETERSBURG, FL 33707				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVY, CHARLES K <input checked="" type="checkbox"/> Delete 910 COOPER RIDGE PL. VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALASH, EVAN M <input type="checkbox"/> Delete 8895 MILITARY TRAIL 206-C PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONACUM, ANTHONY <input type="checkbox"/> Delete 4935 SOUTHWIND DR MULBERRY, FL 33860				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
VPD CHURCH, JAMES D, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 3033 PLANT CITY FL 33656					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
VPD MICHELLE M. MORTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 134 MONTREGO LN ORLANDO, FL 32807					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 617, 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>Anthony Bonacum</i> ANTHONY BONACUM RA 3-4-05 863-647-4503					